

Item No 05:-

15/03099/FUL (CD.9510)

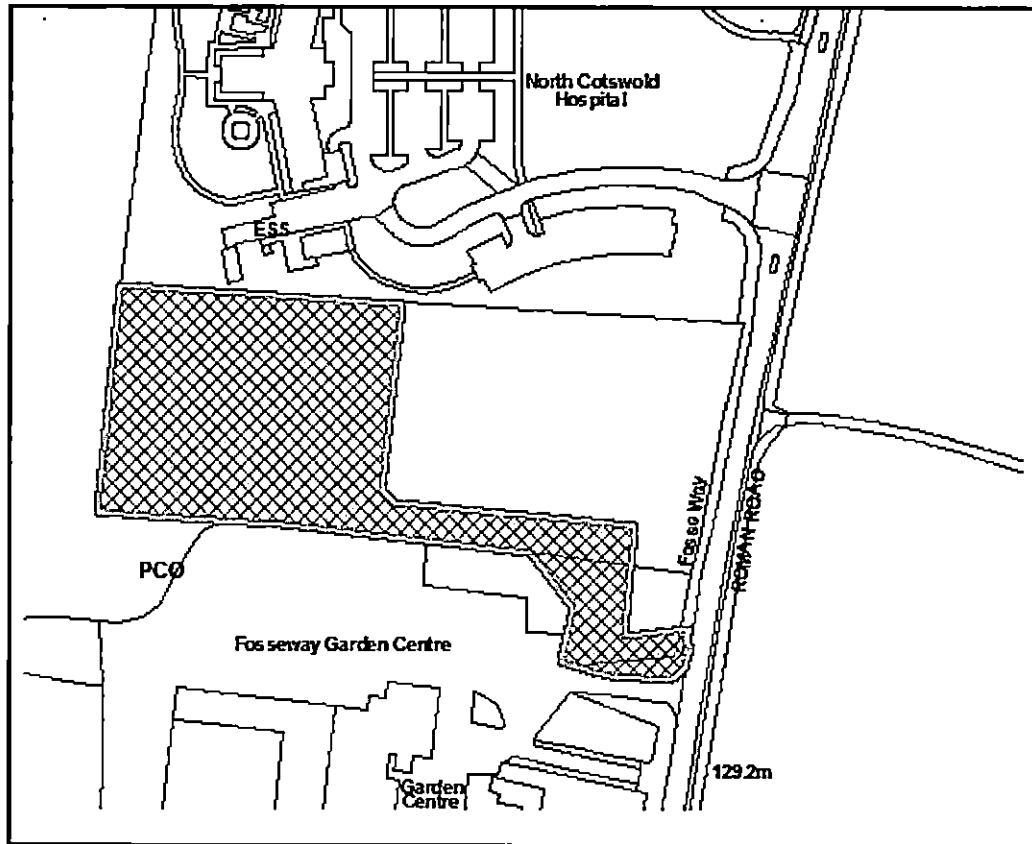
**Land Adjacent To Fosseway Garden Centre
Stow Road
Moreton-In-Marsh
Gloucestershire**

Item No 05:-

Erection of 64 bed care home (use class C2) together with associated vehicular access, parking and landscaping (revised scheme) at Land Adjacent To Fosseway Garden Centre Stow Road Moreton-In-Marsh

Full Application 15/03099/FUL (CD.9510)	
Applicant:	Porthaven Care Homes Group
Agent:	Hunter Page Planning
Case Officer:	Katherine Brommage
Ward Member(s):	Councillor Alison Coggins
Committee Date:	9th March 2016

Site Plan



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RECOMMENDATION: REFUSE

Main Issues:

- (a) Principle of development outside of an adopted Development Boundary
- (b) Need for the proposals
- (c) Other Public Benefits attributed to the Proposals
- (d) Design and impact on the setting of Moreton-in-Marsh
- (e) Impact on landscape character and scenic beauty of the Cotswolds Area of Outstanding Natural Beauty
- (f) Major Development in the Cotswolds AONB
- (g) Access and Highway Safety
- (h) Flooding and Drainage
- (i) Other Matters

Reasons for Referral:

The Ward Member and Chairman are understood to have no objections in respect of the Officers recommendation. However, in consultation with the Chairman, the application is brought before Planning Committee for it to be considered and debated in an open forum and further to the 'All Member Advanced Site Inspection Briefing' held in December 2015.

1. Site Description:

This application relates to a parcel of agricultural (arable) land located to the south of the historic market town Moreton-in-Marsh. The application site is located between the (relatively) new North Cotswold Hospital development and the Fosseway Garden Centre. The site is located approx. 250 metres outside of the town's Development Boundary and is located within the Cotswolds Area of Outstanding Natural Beauty (AONB). The AONB boundary is defined by the A429 which runs in a north south direction along the eastern boundary of the application site. The land to the east of the A429 is designated as part of the Moreton-in-Marsh Surrounds Special Landscape Area (SLA).

The application site measures approx. 0.9 hectares in size. The closest public views of the application site are from the A429 however, the application site is also visible from two public footpaths. The 'Monarch's Way' - a national footpath - approx. 180 metres to the west of the site being the most notable. The second footpath is located approximately 570m to the east of the site. The only listed building of note is Upperfields Farmhouse which is located approx. 790 metres to the west of the site and is Grade II listed. Given the rural setting and context of this farm which will remain as it currently exists if the proposals were to go ahead (given their location and distance) it is considered that the proposals will not affect the setting of the listed building identified. The site is in excess of 500 metres from the Moreton-in-Marsh Conservation Area.

The application site is bound to the north by a post and wire fence, beyond which lies the North Cotswolds Hospital and GP Surgery. To the east the site is bounded by The Fosse Way (A429 - Stow Road). To the south the site is demarcated by a post and rail fence that separates the site from Fosseway Garden Centres. Open fields and agricultural land lie beyond the site to the east and west.

The application is made for the erection of 64 bed care home (use class C2) together with associated vehicular access, parking and landscaping. The Planning Needs Assessment confirms that the proposals comprise a 64 bed care home over two storeys, providing 100 per cent single bedroom accommodation (each quipped with an en-suite) and will include an element of dementia care. The proposals include a new access off the existing garden centre access from the A429 in addition to a total provision of 29 car parking spaces and 10 cycle storage spaces. A landscape strategy, drainage scheme and lighting strategy are also proposed.

2. Relevant Planning History:

No relevant planning history.

3. Planning Policies:

LPR05 Pollution and Safety
 LPR08 Special landscape Areas
 LPR09 Biodiversity, Geology and Geomorphology
 LPR10 Trees, Woodlands and Hedgerows
 LPR19 Develop outside Development Boundaries
 LPR38 Accessibility to & within New Develop
 LPR39 Parking Provision
 LPR42 Cotswold Design Code
 LPR45 Landscaping in New Development
 LPR46 Privacy & Gardens in Residential Deve
 LPR49 Planning Obligations & Conditions
 NPPF National Planning Policy Framework

4. Observations of Consultees:

Landscape Officer/Consultant: Objection (comments incorporated into report)

Tree Officer: No objection, subject to conditions (comments incorporated into report)

Biodiversity Officer: No objection, subject to conditions (comments incorporated into report)

Lead Local Flood Authority (LLFA): No objection, subject to conditions (comments incorporated into report)

CDC Drainage: No comments received to date (Note: LLFA statutory consultee)

Environment Agency: No comments received to date (Note: LLFA statutory consultee)

GCC Adult Social Care: Objection (comments incorporated into report)

Community Infrastructure Contributions: No comments received to date

GCC Highways Officer: No objection, subject to conditions (comments incorporated into report)

Conservation Officer: Objection (comments incorporated into report)

Thames Water: No objection, subject to informative.

County Archaeologist: No objection and no conditions recommended.

Contamination Officer: No objection, subject to condition requiring submission of a desk study prior to development and a remediation scheme if necessary.

5. View of Town/Parish Council:

Objects.

Comments received from the Town Council in respect of the recent amendments are set out below:

'It is noted the applicant has slightly increased the land to the West of the proposed building and very slightly moved the building forward. Notwithstanding the changes to the original submission we do not believe these 'minor tweaks' address the issues forming the thrust of our original objection. Moreton in Marsh Town Councils objection remains the same.'

A full copy of the Town Council's original objections are attached to this report (Appendix 1).

6. Other Representations:

A total of 16 letters of objection, 1 general comment and 4 letters of support have been received to this application.

Letters of Objection

Set out below is a summary of the main grounds of objection raised, with the exception of the objection received on behalf of the Cotswolds Conservation Board and Mann Cottage Surgery:

- i. This is a very substantial development in a location that has been designated as an Areas of Outstanding Natural Beauty.
- ii. The application if granted will erode the AONB and lead to ribbon development.
- iii. The AONB should be viewed as a last resort site for any new development.
- iv. A unique landscape and environment should not be sacrificed for the sake of private profit.
- v. The hospital was an exception to the established southern building line of Moreton and should not be allowed to become a precedent for further development to the South. The southern boundary must be protected.
- vi. There are other more suitable sites in Moreton for this care home e.g. the old hospital site which remains undeveloped and is much closer to the town amenities and the fire college which is brown-field.
- vii. Although back from the main road the site occupies a prominent position on the approach to Moreton and is visible from many aspects.
- viii. The layout, scale and appearance of the proposed development makes a mockery of the NPPF's Chapter 7: Requiring Good Design. They are neither innovative or exceptional and are abrasive to the local area. At best they are reminiscent of a giant piggery.
- ix. Design inspiration has been taken from the hospital which is not the norm for the area.
- x. The massing and scale of the building is not appropriate for the edge of a rural Cotswold market town in the countryside.
- xi. The development wholly contravenes the NPPF Paragraph 16 - Major Developments in the AONB. The harm greatly outweighs any benefits this development might bring.
- xii. Parking provision seems inadequate given the poor connectivity and lack of pedestrian access to the town.
- xiii. The development would be wholly supported if an outstandingly designed landmark development deserving of such a prime, landmark site, that is evocative and instils local pride - this development is the opposite: poorly thought through, in the wrong place for its purpose and, instead of an asset, a drain on the community.
- xiv. Moreton does not require and will not benefit from this proposed private care home. It will add strain to our medical facilities as most likely residents will come from out of the area.
- xv. The building and driveway will need lighting at all-time adding to light pollution in the area.
- xvi. The area in front is left open for development.
- xvii. The Fosseyway cannot cope with any more traffic.
- xviii. It is shame that this is not a retirement village development offering independent living units for the elderly with a more village feel and spread out of the site rather than in one lump.
- xix. The access arrangements are mysterious - sharing the busy garden centre access seems far from ideal.
- xx. 29 car parking spaces seems wholly inadequate.
- xxi. At least two other large retirement/care homes have been granted consent in Stow on the Wold just 4 miles away - is there really a need for a massive care home here.
- xxii. The landscape scheme seems basic and the impact on the landscape from surrounding areas enormous - the view from Bourton on the Hill for example.
- xxiii. CDC must remain mindful of the future consequences for the town of permitting this development, in terms of increasing pressure from developers with regard to close/adjacent sites for potential further development.
- xxiv. There are other locations in Moreton that are more sustainable and better located to the town centres amenities; feels like this is the 'easy option'

The objection received on behalf of the Cotswold Conservation Board is set out below:

'The Cotswolds Conservation Board wishes to raise an **objection** to the above proposal.

The proposed development is located on prominent agricultural land outside the settlement boundary and within the Cotswolds AONB. The Board considers Paragraphs 14 (footnote 9) and 115 and 116 of the NPPF to be particularly relevant for considering this application. The red line area shows the building at some depth from the road frontage leading to a greater risk of exposure to the wider landscape to the rear and reduced ability to landscape the site. New lighting and the scale of the building in itself would be difficult to contain within the limited site area and lead to harm to the wider AONB. Section 85 of the CRoW Act 2000 requires Local Authorities to have due regard to the purposes of conserving and enhancing the AONB. This proposal would have a negative impact on the character and special qualities of the AONB. The Board recommends to the Council that this scheme is considered to be major development in respect of Paragraph 116 of the NPPF. Accordingly the Board considers there is provision to meet need locally without sites having to be in the countryside of the AONB, indeed if there is still unfulfilled need; not all of Moreton-in-Marsh is within the AONB so there may be opportunities to consider sites outside the designated area; this proposal will result in detrimental effects on the AONB and the nature of the site will mean that impacts cannot be suitably moderated.'

The response received on behalf of Mann Cottage Surgery is attached in full to this report (Appendix 2).

Letters of Support

Set out below is a summary of the main grounds of support raised:

- i. A welcomed business opportunity that will bring money into the town. Local businesses will benefit from providing goods and services to the home and its residents.
- ii. Good employment/job opportunities
- iii. The facility will be needed
- iv. Ideal facility next to the hospital
- v. Ideal place for good car park landscaping

General Comments

The one general comment received is set out in full below:

'I think that from our elevation (Sezincote) which is an AONB, the roof of the hospital already sticks out like a sore thumb. To add to this will only increase the negative impact on view points from Sezincote which is an AONB. The style of roof and colour shines in the sun and is very eye-catching and not in a good way. The landscaping will help from the same level, but not from a higher elevation. I would suggest that the roofs should be painted or made in a green or brown so they do not catch the sun so much. I appreciate the need for care homes but would hope the design could be looked at more carefully. I would also add that the traffic is bad enough and will this be a problem, although I imagine traffic in and out of Care Homes is fairly minimal (compared to a supermarket or something similar).'

7. Applicant's Supporting Information:

Design and Access Statement
 Needs Assessment
 Archaeological Desk-Based Assessment
 Ecological Assessment
 Landscape and Visual Impact Assessment
 Photomontages
 Additional Photographs

Landscape Management Plan
 Landscape Proposals
 Tree Schedule
 Transport Assessment
 External Lighting Layout
 Drainage Strategy/Surface Water Construction Details
 Site Investigation Letter Report

8. Officers Assessment:

(a) Principle of development outside of an adopted Development Boundary

Section 38(6) of the Planning and Compulsory Purchase Act 2004 states that 'If regard is to be had to the development plan for the purpose of any determination to be made under the planning Acts the determination must be made in accordance with the plan unless material considerations indicate otherwise.' The starting point for the determination of this application is therefore the adopted development plan for the District which is the Cotswold District Local Plan 2001-2011.

The application site is located outside of an adopted Development Boundary as designated in the Cotswold District Local Plan 2001-2011. Development on the site will therefore primarily be covered by Local Plan Policy 19: Development Outside Development Boundaries. The aforementioned policy can be supportive in principle of 'development appropriate to a rural area' in such locations. Such developments (appropriate to a rural area) can include those listed under Point 1 of the 'Notes for Guidance' that accompanies Local Plan Policy 19, as well other forms of development covered by other policies in the Local Plan e.g. affordable housing, employment etc. Development appropriate to a rural area can be acceptable subject to the following criteria;

- a) It would not result in new build open market housing other than that which would help to meet the social and economic needs of those living in rural areas;
- b) Cause significant harm to existing patterns of development, including the key characteristics of open spaces in a settlement;
- c) Lead to a material increase in car-borne commuting;
- d) Adversely affect the vitality and viability of settlements; and
- e) Result in development that significantly compromises the principles of sustainable development.

Local Plan Policy 19 has a general presumption against the erection of new build open market housing outside existing Development Boundaries other than that which would meet the social and economic needs of those living in rural areas. However, it is noted that the proposals submitted are for C2 Use (Residential Institutions) as a care/nursing home and not C3. The proposals are not therefore a 'departure' to the adopted Local Plan. However, for the proposed development to fall within the scope of 'development appropriate to a rural area' it would need to meet an identified local social or economic need.

The Council must also have regard to other material considerations when reaching its decision. In particular, it is necessary to have regard to the guidance and policies contained in the National Planning Policy Framework (NPPF) which contains at its heart a 'presumption in favour of sustainable development' (Paragraph 14). Paragraph 2 of the NPPF states that the Framework 'is a material consideration in planning decisions.'

Paragraph 7 of the NPPF states that 'there are three dimensions to sustainable development: economic, social and environmental.' Paragraph 8 advises that the three roles 'should not be undertaken in isolation, because they are mutually dependent.'

Paragraph 7 states that planning should perform a social role by 'supporting strong, vibrant and healthy communities, by providing the supply of housing required to meet the needs of present and future generations; and by creating a high quality built environment, with accessible local services that reflect the community's needs and support its health, social and cultural well-being.' Paragraph 50 of the NPPF also requires local planning authorities to plan for a mix of housing based on current and future demographic trends, market trends and the needs of different groups in the community, including older people and people with disabilities. Notwithstanding this, Paragraph 7 of the NPPF advises that planning should contribute to 'protecting and enhancing our natural, built and historic environment.' Any perceived need for the proposal would therefore also have to be balanced against the potential adverse social, economic and environmental impacts of the development and particularly those on the Cotswolds AONB.

In terms of its social and economic sustainability, Moreton ranks second in the District after Cirencester and is widely regarded as the main service centre for the north Cotswolds. Moreton benefits from a wide range of services including retailing, banking, employment and has one of only two rail stations in the District and as such is one of 17 settlements that is considered by the Council as having sufficient facilities and services to accommodate new residential development in the period up until 2031, as identified in the emerging Local Plan document 'Local Plan Reg 18 Consultation: Development Strategy and Site Allocations'. Moreton is also identified as Principal Settlement in the context of the current adopted Local Plan.

On the basis of the above it is not therefore in dispute that Moreton is a sustainable location for new development. However, it must be considered whether the proposals constitute 'sustainable development' in themselves. Paragraph 14 of the NPPF is clear in that the presumption in favour of sustainable development, in decision taking means:

Approving development proposals that accord with the development plan without delay; and

Where the development plan is absent, silent or relevant policies are out of date, granting planning permission unless:

- any adverse impacts of doing so would significantly and demonstrably outweigh the benefits, when assessed against the policies in this framework when taken as a whole; or
- specific policies in this Framework indicate development should be restricted⁹.

Footnote 9 (page 4) of the NPPF clarifies that the final bullet point of Paragraph 14 is a specific reference to those policies relating to sites protected under Habitats Directives and/or designated as Sites of Scientific Interest etc. including Areas of Outstanding Natural Beauty. It is therefore generally accepted that the presumption in favour of sustainable development does not therefore apply in such cases.

(b) Need for the proposals

The applicant has submitted with the application a 'Planning Needs Assessment' prepared by Carterwood and dated March 2015. The Needs Assessment essentially seeks to demonstrate that there is a significant unmet need for additional elderly care home beds within the 'market catchment area' as well as the Cotswold District. The market catchment area is based upon an approximate 6.5 to 7 miles radius from the application site.

The Planning Needs Assessment concludes that in 2017 the balance of elderly care home bed provision (assuming that all planned beds are developed) indicates a shortfall of 16 market standard beds in the market catchment area and a shortfall of 161 market standard beds across the District. This indicates that whilst there is a higher district need there would appear to be an insufficient market catchment need to fill a 64 bed care home at the present time.

It is however explained in the Planning Needs Assessment that if a more detailed analysis of planned beds is undertaken, with those that have decisions pending or have a low likelihood of

being developed are removed from the calculation, then the balance leads to a shortfall of 120 market standard beds in the market catchment area and a shortfall of 309 market standard beds across the District. On this basis the Planning Needs Assessment concludes that the application proposals would therefore fill only 53.3% and 20.7% of the unmet demand within the market catchment and District catchment areas respectively.

A copy of the Executive Summary of the Planning Needs Assessment is provided in full as Appendix 3 to this report. A full version of the Planning Needs Assessment is available on the Council's website.

Whilst the applicant's position is noted it is considered by officers to be perfectly legitimate for a Local Planning Authority to rely on the grant of planning permissions (until that planning permission expires) in any assessment of supply; whether it be five year housing land supply or any other assessment of land supply. If 'pending decisions' were removed only then the shortfall in supply would stand at 40 and 333 market standard beds in the market catchment area and District catchment areas respectively. Again, the need in the market catchment would appear insufficient to fill a 64 bed care home at the present time.

It is acknowledged that the Planning Needs Assessment is based on an analysis of market standard beds (defined as providing and WC and hand basin as a minimum per room) and not registered capacity. Current registered bed capacity is much higher in both the market catchment and the District with a supply of 431 and 640 beds respectively (in comparison to the 311 and 495 market standard beds reported by Carterwood). An analysis based on registered bed capacity alone would have the effect of reducing the demand vs. supply to a level where there is no unmet need in the market catchment and, potentially, a surplus.

Whilst it is agreed that the issue of quality, design and type of bedspace should not be ignored it is considered appropriate to have an understanding of both registered capacity and market standard capacity to fully understand the benefits and impacts of individual proposals. It should also be acknowledged that it is not known to what extent improvements to existing capacity could have in increasing overall supply.

Members may be aware that a proposal for a 46 bed specialist dementia facility extension is due to be determined at Siddington Park, Cirencester. Having discussed with the Case Officer for this application it is expected that an approval under delegated authority will be issued in due course subject to the completion of a S106 Agreement. This facility does not feature as a 'pending decision' in the Carterwood report and will assist in increasing the overall District wide supply. It should also be noted that work is underway at the Spine Road East, South Cerney Care Home which Carterwood's identified in their needs assessment as having a 'low' likelihood of imminent development. This care home comprises 32 nursing beds and 32 dementia beds. It is therefore evident that the District Council are permitting such schemes where it is appropriate to do so and where there is local service support.

The Planning Needs Assessment submitted makes the point that the quality of existing provision across both assessed areas varies widely. According to the figures provided by Carterwood that there are only 32 existing market standard beds out of a total of 311 existing bedspaces within five miles of the application site. The Planning Needs Assessment therefore concludes that there is very 'little choice' for the local residents of Moreton-in-Marsh 'all of whom will have to move out of the town to receive an en-suite which includes shower facilities'. It is however, noted by officers that at least 72 market standard beds have recently been permitted at Stow-on-the Wold, within 5 miles of the application site.

With regard to dementia care provision specifically, it is concluded in the Planning Needs Assessment that the demand vs. supply calculation indicates that there is a shortfall of 118 and 227 market standard beds in the market catchment area and District catchment areas respectively. However, Carterwood accepts that this is an 'indicative assessment only and should not be used as a definitive measure'. It is also noted that the proposals have been put forward on the basis that what is to be provided is an elderly care home with 'an element' of specialist

dementia care (unspecified in the application). It is not therefore necessarily the case that the proposals will go towards meeting any of the alleged shortfall in dementia provision.

Gloucestershire County Council's (GCC) Adult Social Care Commissioning team have been consulted on the application. A meeting was held to discuss the merits of the proposals. Representatives from GCC's Adult Social Care Commissioning and the Case Officer for the application attended as well as the applicant and their representatives, including Carterwood. Following this meeting the below comments were received from GCC's Adult Social Care Commissioning:

'In overall terms we were impressed with the design principles for the home and its focus on both aligning to longer term local need and to providing an additional community resource. Their research clearly demonstrates that there will be a growing need for this type of facility and the principles on which that is based, in particular that it should draw people from within a four mile radius, seems sound. We also acknowledge that the reservations expressed in the meeting were understood by the proposers who had a variety of measures aimed at mitigating either their likelihood or impact.

'For all that I do need to express these reservations as I indicated I would: that is, although there may be a longer term need for this type of facility it would seem to be in excess of what will be required in the short term and possibly even the medium term given the range of other homes, either already in existence or for which planning permission has already been granted in this part of the County/District, aligned to a reducing demand as initiatives to enable people to continue living independently develop. Given the above there is a real concern that this will attract frail older people into the area placing additional demands on existing services which are already at times struggling to keep pace with local need. We were particularly concerned as to the proposed size of the home and the impact this would have on primary care and thus presume that their view would be sought during this consultation. However we were also of the view that this could draw some of its staff from the limited domiciliary care sector in the region placing at risk the schemes for independent living referred to.'

With regard to the initiatives to enable people to continue living independently, as referred to above, attention is drawn to the document Market Position Statement for Case of Older People (MPS, Gloucestershire County Council's 2015). The MPS is designed to contain information and analysis of benefit to providers of older people's care and support services in Gloucestershire. It identifies what the future for demand for care might look like and to act as a starting point for discussions between the local planning authority and those who provide services. The report sets out a number of commissioning intentions including, amongst others, 'significantly reduce the numbers of people in residential and nursing care and significantly increase community care and support services' and 'Focus on outcomes that enable people to maintain their independence with stronger social connectivity'.

In response to both the above and the third party comments received from Mann Cottage Surgery the applicant have submitted rebuttal statements which are appended in full to this report (Appendix 4). Further comments were duly sought and provided by GCC Adult Social Care and the NHS.

Adult Social Care Commissioning responded as follows

'Thank you for the opportunity to comment on the further letters issued on behalf of the applicant. I have previously written on and readily acknowledge the positives within this application which are the main element in these responses. Linked to that I would also agree that the Council's MPS for Older People would also in broad terms support developments of this nature as clearly despite all of the successful measures to enable people to live independently there is a growing cohort of people needing higher end care. However the responses don't to my mind really tackle the reservations I also previously expressed as whilst I know care homes are tending to get larger on cost grounds, the size of this home in this area could for a period at least create additional demand on scarce local resources. This differs from schemes the Council has directly supported

which were not only in areas with higher populations but crucially also replaced existing homes so didn't create the short to medium term pressures or staffing issues I've referred to.'

The NHS response is attached to this report in full but in summary reiterates the position that a 64 bed care home is not required in this location (having regard to local registers) and that any such provision would lead to an importation of patients as well as social disbenefits related to this.

On the basis of the information submitted and the responses received from consultees and third parties it is considered by officers fair to conclude that the need and therefore the public benefit that can be attached to the proposals in the short to medium term is in doubt. In terms of the public benefit that can be attached to the proposals in terms of meeting local needs, then at best (on the basis of the analysis contained in the Planning Needs Assessment submitted by the applicant) the proposals will assist in fulfilling approx. 53% of the demand for the market catchment and approx. 21% of demand in the District; although this does not take into account the planning consent for 46 bedspaces that is due to be released for Siddington Park. Based on registered capacity, then there is no need for additional bed spaces in the market catchment area and a relatively low need for additional bed spaces in the District. That being the case then officers would suggest that the District need could be more appropriately accommodated elsewhere given the sensitivities of this particular site.

Nonetheless, it is accepted that a vast number of older people wish to stay in their homes and with the appropriate support often can do for much longer than the case in the past. It is also accepted by officers that in the later stages of dementia this often isn't possible. Therefore, despite all of the successful measures to enable people to live independently there will be a growing cohort of people needing higher end care. It cannot therefore be said that no public benefit can be attached to the proposals. However, it is important to note that the Adult Social Care Commission are moving away from the type of provision proposed and the impacts of this remain to be seen. Nonetheless, even if the analysis contained in the Planning Needs Assessment were accepted by officers verbatim then one must still consider whether the proposals are appropriate in this particular location, having regard to their social, economic and environmental adverse impacts.'

Attached to this report is a further rebuttal from the Agent in this regard (Appendix 5).

(c) Other Public Benefits attributed to the Proposals

The Planning Needs Assessment states that 80 jobs will be provided as a result of the proposals which are a benefit of the proposals (although the Planning Statement states 60-70 full - part time jobs). However, it has been acknowledged in comments received by GCC Adult Social Care Commission that the proposals could equally have a negative impact on services and the local work force.

There are however, other economic benefits that can be attributed to the proposals including provision of addition construction jobs (albeit a temporary benefit) in addition to increased spend in the locality and the ability for the care home operator to support the local economy through use of local businesses (catering, hairdressing etc.). All of which fall to be considered in the planning balance.

(d) Design and impact on the setting of Moreton-in-Marsh

The Council's Heritage and Design department have been consulted on the proposals to provide technical advice on the quality of the proposals design and their impact on the setting of Moreton. With regard to the site's location it is noted that the application site is not in or near the Moreton Conservation Area and that there are no listed buildings affected by the proposals. In terms of conservation and design the proposals have been assessed in terms of its visual impact upon the area in relation to Moreton and the specific design details of the building. Such considerations are assessed in relation to Local Plan Policy 42 (The Cotswold Design Code).

Local Plan Policy 42 states that development should be environmentally sustainable and designed in a manner that respects the character, appearance and local distinctiveness of the Cotswold District with regard to style, setting, harmony, street scene, proportion, simplicity, materials and craftsmanship. The detail of this policy is supplemented by the Cotswold Design Code; a Supplementary Planning Document adopted for development management purposes alongside Local Plan Policy 42.

With regard what constitutes 'good design; the NPPF is also of assistance. Paragraph 56 of the NPPF in particular confirms that the Government attaches great importance to the design of the built environment and that 'Good design is a key aspect of sustainable development, is indivisible from good planning, and should contribute positively to making places better for people.'

Paragraph 61 explains that 'Although visual appearance and the architecture of individual buildings are very important factors, securing high quality and inclusive design goes beyond aesthetic considerations. Therefore, planning policies and decisions should address the connections between people and places and the integration of new development into the natural, built and historic environment.' Paragraph 64 confirms that 'Permission should be refused for development of poor design that fails to take the opportunities available for improving the character and quality of an area and the way it functions.'

It is acknowledged that planning policies and decisions should not attempt to impose architectural styles or particular tastes and should not stifle innovation (NPPF, paragraph 60) however this is not intention of Local Plan Policy 42 or the Cotswold Design Code. The emphasis is very much on improving the design quality generally in the Cotswolds, in a way that respects the character, appearance and local distinctiveness. The provisions of Local Plan Policy 42 and the Cotswold Design Code are therefore considered by officers to be entirely consistent with the NPPF and can be afforded significant weight.

The Design and Heritage Officer recognises in his comments to the application that due to the nature and the purpose of the building the necessary external dimensions do not comply with the Cotswold Vernacular (as set out in the Cotswold Design Code).

During initial consultations the applicant presented a scheme designed to reflect the Cotswold Vernacular. However, the design was unsuccessful in that it simply appeared as a large deep flat roofed building 'dressed up' as a terrace of houses. The general appearance was contrived and incongruous within the context of the site. It was suggested that an honest contemporary design be explored as was done with the adjacent hospital. It was also suggested that the applicant explore the use of vernacular styled buildings (domestic or agricultural) as a screening to a more contemporary building beyond i.e. a sympathetic blend of old and new styles, both having quality and integrity. However, this suggestion was not pursued by the applicant. The design submitted which has a curved metal roof, columns and areas of glazing closely reflects the form and style of the adjacent hospital building. It is understood that there is a requirement to locate serviceable plant within a roof void which is understood to rule out the use of a lower two storey flat roofed structure.

The site is considered to be sensitive in that it represents a fairly prominent location on the Fosse.

The Fosse is the ancient Roman route running up through the Cotswolds and as a way of experiencing the distinctiveness of the Cotswolds, it is considered important to preserve the prevailing character of the road. The character of the road is generally rural in nature giving way to the sudden but subtle approaches to the historic settlements it passes through along the way. In order to preserve the general character of the Fosse it is currently considered unacceptable for prominent industrial or residential development to encroach on the Fosse. Most recent developments have incorporated a landscaped buffer between the development and the Fosse.

It is important to note that the proposals for the contemporary styled development on the adjacent hospital site were, in part, considered supportable because of the substantial public benefit arising from the scheme. In addition, the buildings were located in a generous landscaped site

therefore the visual impact of the development upon the approach to the historic town is mitigated to an extent. The hospital development is a major public building serving the town and as a departure from the general style of the surrounding buildings does now act as a landmark to the fringe of the town.

With regard to the role of modern architecture in Cotswold District the Design Code states that: 'In places, especially where the traditional vernacular architecture is less dominant or would be inappropriate in relation to the function of the building there may even be the opportunity for adventurous schemes'. However, the Design Code cautions that 'Large buildings... on the edge of towns and villages can have a major impact' and goes on to state that: 'where industrial or commercial buildings are located adjacent to open countryside, and particularly where they are likely to be very visible from nearby roads, especially on the approaches to a town or village, then especially high standards of design will be required. It goes on to state that: there is plenty of scope for adventurous modern architecture of very high standard which harmonises with the landscape around'.

The submitted design has responded positively to aspects of the pre-application advice and represents a contemporary building which accords with the architectural style of the recently constructed hospital. However, officers remain concerned that the scale and mass of the building leaves little scope to soften the impact of the building by carefully designed landscape plan for the land around the development as has been implemented on the adjacent hospital site, on a site that forms a buffer between the Fosseway Garden Centre and the edge of Moreton. It is therefore a concern that the proposed building will cause an undesirable change to the visual impact of the rural approach to Moreton-in-Marsh. It is appreciated by officers that the application site is located between two existing developments but the garden centre is seen as being more of an agricultural form that is not out of place in rural locations - it is not therefore accepted by officers that the application site is an 'infill' plot.

There remains concern regarding the fate of the open plot between the development and the Fosse but it is recognised that the fate of future plots should not prevent development that is otherwise acceptable. If the current application were to be permitted and a subsequent application for additional development made on land to the front of the proposed building then this would need to be assessed on its own merits in accordance with relevant local and national planning policy. However, in the way that the applicants are seeking to rely on the hospital and garden centre to justify the proposals it is likely that grant of permission for a building of this size and scale would similarly be used in the future to support development to the front.

It is acknowledged that amendments have been made to the proposals since their original submission, as a response to the concerns raised by the both the Council's Heritage and Design Officer and Landscape Consultant. Of particular note is the inclusion of additional land to the rear of the proposed building which has allowed the building to be pushed back enabling a more robust landscape strategy to be proposed.

In coming to a view as to whether the current proposal complies with Policy 42 of the Local Plan the weight of balance between positive public benefit against negative visual impact must be considered. In respect of the amendments submitted it is observed by the Heritage and Design Officer that:

'A suitable system of discrete external lighting bollards has been proposed. I remain unaware of the proposed brick and wall cladding, although these details could be conditioned. The extent of landscaping has increased around the building however the fate of the land between the development and the Fosse has not been addressed and will not form part of any landscaping buffer. I therefore remain concerned that the building will cause an undesirable change to the visual impact of the rural approach to Moreton-in-Marsh. In coming to a view as to whether the amended proposal complies with Policy 42 of the Local Plan the weight of balance between positive public benefit against negative visual impact must be considered. I am informed that the case for public benefit in this instance is in doubt therefore based on the information before me I

consider the development to be contrary to Local Plan Policy 42 and therefore recommend refusal of the application on that basis.'

Leading to the following Heritage and Design recommendation:

'The site is not in or near Moreton Conservation Area and there are no listed buildings affected by the proposal. In terms of conservation and design the proposal has been assessed in terms of its visual impact upon the area in relation to Moreton-in-Marsh and the specific design details of the building. Such considerations are assessed in relation to Local Plan Policy 42 (The Cotswold Design Code).

The proposal is to construct a 64 bed contemporary style care home complex on a green field site on the rural fringe of Moreton-in-Marsh close to the historic Roman road running through the district known as the Fosse.

Due to its scale, mass, setting and proportion combined with a lack of mitigation in the form of suitable landscaped screening the development will result in an incremental industrialisation of the rural approach to the town along a visually important historic route through the district. Furthermore the proposal would fail to harmonise with its surroundings and erode local distinctiveness. It appears unlikely that the public benefit generated by the proposal would outweigh the resultant harm in its current form therefore the development is considered to be contrary to 42 of the Local Plan.'

The above is considered to be a fair assessment of the proposals as they stand and as such are recommended for refusal in accordance with Local Plan Policy 42, the Cotswold Design Code and the relevant provisions of the NPPF including, but not limited to, Paragraphs 61 and 64.

(e) Impact on landscape character and scenic beauty of the Cotswolds Area of Outstanding Natural Beauty

The site is located within the Cotswolds Area of Outstanding Natural Beauty (AONB) wherein the Council is statutorily required to conserve or enhance the natural beauty of the area in accordance with S85 of the Country Rights of Way Act 2000 (CROW Act 2000).

Paragraph 17 of the NPPF states that planning should recognise 'the intrinsic character and beauty of the countryside'.

Paragraph 109 states that the planning system should contribute to and enhance the natural and local environment by 'protecting and enhancing valued landscapes'.

Paragraph 115 states that 'great weight should be given to conserving landscape and scenic beauty in ... Areas of Outstanding Natural Beauty.'

Paragraph 115 also states that 'The conservation of wildlife and cultural heritage are important considerations in all these areas'.

Local Plan Policy 42 advises that 'Development should be environmentally sustainable and designed in a manner that respects the character, appearance and local distinctiveness of Cotswold District with regard to style, setting, harmony, street scene, proportion, simplicity, materials and craftsmanship'

The application site and its surroundings are classified in the Cotswolds Conservation Board's Landscape Character Assessment (LCA) as falling within Landscape Character Area 17 'Pastoral Lowland Vale'. The LCA acknowledges that only a small proportion of the Vale of Moreton is represented as AONB with the remainder of this landscape type extending northwards where it merges into the Vale of Evesham.

The Pastoral Lowland Vale is described in the LCA as a soft, largely pastoral landscape with areas of improved grassland and wet meadow bordering streams. The pattern of small, hedged fields and occasional stone walls, undulating landform and field, stream and hedgerow trees combine to create a human scale landscape although in areas with wide views, an open expansive character is prevalent.

The application site itself is located within the Landscape Character Type 17B 'Vale of Moreton'. The LCA states that 'The Vale of Moreton is a significant vale landscape extending southwards from the Vale of Evesham where it becomes increasingly enclosed by neighbouring Farmed Slopes. Two outliers, Ebrington Hill and Meon Hill define its northern extent and act as a 'gateway' to the Vale. The southern extent of the Vale merges gradually into the Broad Floodplain Valley of the Evenlode where the river occupies a more obvious river channel.' Permanent improved pasture is identified as being predominant although some arable farming is evident. The LCA also states that 'Communication routes form an important feature of the landscape, the flat and gently undulating landscape having been exploited as a route through the surrounding hills for thousands of years. The Fosse Way is perhaps the most potent historic route through the Vale although the mainline railway is equally dramatic, its course marked by linear tree belts.'

The Landscape Strategy and Guidelines for the Cotswolds AONB identifies that 'sparse settlement pattern and the proximity to elevated viewing opportunities on the neighbouring Farmed Slopes increases the sensitivity of the Pastoral Lowland Vale landscape to large scale built development' and that whilst 'Existing vale settlements may have the capacity to accommodate some development where this does not interfere with or detract from their landscape setting.'

The Landscape Strategy and Guidelines for the Cotswolds AONB identifies the 'expansion of settlements' amongst its list of 'Local Forces for Change'. 'Potential Landscape Implications' of such development are identified as the;

- the major settlements of Moreton-in-Marsh and Bourton-on-the-Water, development on major access routes would endanger way that countryside runs into the old town.
- Erosion of distinctive settlement patterns.
- Loss of wet meadows and riverine habitat.
- Proliferation of suburban building styles/materials and the introduction of ornamental garden plants and boundary features.

The first point being of particular relevant to this application, with the outline strategies and guidance being to:

- Oppose ribbon development along major access or through routes
- Conserve floodplain habitats
- Ensure that new development does not adversely affect settlement character and form.
- Ensure new built development is visually integrated with the rural landscape setting and does not interrupt the setting of settlements or views along or across the vale.

A Landscape and Visual Impact Assessment (LVIA) has been submitted in support of the application which has been supplemented with further photographs dated January 2016. The LVIA states that in viewpoints from Monarch's Way the proposed building will be viewed as an extension to the hospital and will become a notable separate building allowing framed views towards the ridgeline beyond as one travels south along the footpath. The LVIA also acknowledges that the current experience from the footpath is heavily influenced by the hospital buildings and, from the A429, notes that the proposed building will form a notable new element

and will replace the current transient view through to the AONB which will result in a moderate adverse magnitude.

The LVIA concludes that whilst the development will result in a complete change from rural open field to development site that the proposals are considered to have a minor benefit to the value and condition of the key landscape features identified when compared to the low quality baseline and will not detract from the higher quality experiences of the elevated AONB, with impacts restricted to the immediate locality. With regard to the Monarch's Way it is concluded that the current experience of views from the section affected are already heavily influence by the garden centre and hospital development and, as such, will not appear out of context.

However, members should note that with regard to the hospital the justification for the development was based purely on the substantial public benefit attributed to it. Without this benefit then a proposal of this nature would unlikely have been recommended for approval.

In contrast to the submitted LVIA the Council's Landscape Consultant has advised that:

1. The site is located to the west of the A429 Fosseway to the south of Moreton-in-Marsh. Immediately to the north is the North Cotswolds Hospital, which is located in extensive landscaped grounds. To the south is the expansive car park for the Fosseway Garden Centre, which forms a sizeable area of tarmac with no boundary planting and only a few scattered trees to soften its impact. The proposed development area leaves a small, isolated arable field between the A429 and the development site, which will be accessed via the garden centre. There is an elm-based hedge along the A429 to the east of the site and some small-scale tree and shrub planting within the grounds of the garden centre.

2. Following concerns raised relating to the scale and mass of the proposed building and the lack of space available for landscape mitigation, particularly to the west, the site area has been increased from 0.8 to 0.9ha. The site comprises part of an arable field located towards the western edge of the development line of the hospital, and with an access taken from the existing Garden Centre access. It contains no boundary vegetation to the south, west or east. To the north the maturing hedge bordering the hospital site, and a large mature oak tree (slightly to the north-west), provide boundary definition. However, there are no trees or hedging on the site, and the off-site vegetation must not be relied on for mitigation of identified adverse impacts. The elm hedge on Stow Road, in particular, is likely to suffer from Dutch Elm Disease if it is not maintained at a low level.

3. The development site is located to the south of Moreton-in-Marsh in a relatively flat vale, with the application site being located at 130metres (m) Above Ordnance Datum (AOD). The proposal is to develop a contemporary two to two and a half storey 64 bed dementia care home, of ridge height 8.63m on the site, with parking for approximately 30 cars to the east and landscaped grounds. The curved non-reflective roofs, which will run west/east are split into three inter-connected sections and will give the appearance of large Dutch Barn style structures. The building and parking take up the majority of the site, but the site extension now provides additional space to create a more robust, although not extensive, landscape structure to the west of the site and some additional planting to the east, than was proposed in the original scheme.

4. The site is located within the Cotswolds AONB, the boundary of which runs along the A429, and constitutes a major constraint on the area. Other significant constraints are the Monarch's Way strategic right of way located on the field boundary to the west field in which the site is located, and the Heart of England Way which runs along the hillside, approximately 2.5km to the west.

5. The site was considered by White Consultants as part of an appraisal of the landscape impacts of SHLAA sites. Although directed at potential housing sites the following is pertinent to the site whatever development type is proposed:

Site Reference: M_61 Settlement: Moreton-in-Marsh

DESCRIPTION:

The site is the western part of a small flat arable field lying between the recent North Cotswold Hospital and a garden centre in relatively discreet dark green cladding on the A429 Fosse Way southern approaches to the settlement. The hospital is currently quite visible from the south and from the rising ground to the west as mitigation has not fully established but the garden centre looks like agricultural buildings which is helpful. A low hedge separates the field from the road which is busy and, with the adjacent development, reduces the tranquillity of the site. There is no field boundary on the southern, eastern or western edges of the site although a low cut hedge lies further to the west and there is substantial planting to the north in the hospital site. A public footpath runs along the hedge to the west hedge linking the settlement with the landscape to the south. The site lies within the Cotswold AONB and an SLA lies to the east. The wooded hill slopes within the AONB lie a little way to the west and form the backcloth to the site.

LANDSCAPE SENSITIVITY:

Evaluation: High/medium

Justification:

The site is susceptible to development for housing in respect of it being open to views within the AONB from the west including a footpath. Though set back from the A429 it clearly marks an extension of the residential settlement southwards contrasting with the uses either side. The garden centre has the appearance of an agricultural building complex and so fits in reasonably well into the countryside. The hospital has potential for significant screening as a building surrounded by grounds. This site is isolated from other residential development and lies in open countryside. Overall, it appears to be unsuitable for housing.

6. While the garden centre gives the appearance of an agricultural building and the hospital is set in large landscaped grounds, the proposed development site does not possess either of those advantages. The White Consultants report suggests that the site is of High/Medium sensitivity, whereas the DLA LVIA suggests that it is of Moderate sensitivity. Despite the reduction in sensitivity suggested by the DLA LVIA, the Magnitude of landscape change resulting from the development will be Substantial, it can be no other with the construction of a large building on a relatively small area of arable land. This means that there will be a Major/Moderate adverse Significance of Landscape Impact resulting from the development. This is considered 'Significant' in terms of the LVIA methodology. The increased application site remains relatively small for the size of the proposed development, and now allows for an enhanced landscape mitigation scheme in comparison to the original, but the question as to whether a significant change to the landscape character in the AONB can be justified, remains.

7. The proposed development will be a prominent feature when viewed from the adjacent garden centre and hospital. There will also be views of the upper portions of the building when approaching the garden centre from the Stow direction to the south and from the east which will show the building breaking the skyline and screening the scarp to the west. Views from beyond the A429 to the east will be more filtered. There will be Significant Adverse Impacts from high sensitivity visual receptors including: Monarch's Way; Heart of England Way; visitors to the Cotswolds AONB, particularly those using footpaths and roads along the ridgeline from Bourton on the Hill to Longborough; and residential properties overlooking the site from the ridge to the west.

8. The LVIA has consistently down-played the Significance of Impact upon receptors from these viewpoints and, as was noted from the site visit, the development proposed will form a prominent and incongruous feature when viewed from the viewpoints mentioned above. The scale and massing of the building, together with its design and location a considerable distance back from the A429, means that it will remain a prominent feature, although more effectively mitigated than in the previous scheme. Steps have been taken to reduce the external lighting in the amended plans, which will be helped by the additional planting, although this will not totally preclude light-spill. During the winter months with no leaf cover impacts will be more severe as, by its very nature, the majority of native planting is deciduous. This is not made clear in the LVIA, where the photomontages only show maturing tree planting in full leaf. Additionally, cumulative impacts with

the Hospital, although not a major issue during the summer months, with maximum leaf cover, are an issue during the winter when both buildings will be clearly visible in the same view from the west.

9. It has become apparent from the consultation responses that there is no requirement for the development proposed in this location and whether it has to be located in the AONB at all has to be questioned. It is clear that the applicants have made efforts to reduce and mitigate the adverse impacts identified, and to some extent these would be successful, but the requirement to reduce the scale of the building has not been addressed. The building remains, in my opinion, a major development in the AONB, and there remain significant and irreversible adverse impacts on the character and visual amenities of the area, the setting of Moreton-in-Marsh, and the Cotswolds AONB.

10. In terms of National Policy at Paragraph 116 of the NPPF states that, in AONBs:

Planning permission should be refused for major developments in these designated areas except in exceptional circumstances and where it can be demonstrated they are in the public interest. Consideration of such applications should include an assessment of:

- the need for the development, including in terms of any national considerations, and the impact of permitting it, or refusing it, upon the local economy;
- the cost of, and scope for, developing elsewhere outside the designated area, or meeting the need for it in some other way; and
- any detrimental effect on the environment, the landscape and recreational opportunities, and the extent to which that could be moderated.

11. As shown above there will be detrimental impacts on the character of the landscape and appearance of the AONB. Visually, the development will appear incongruous and prominent. The mitigation proposals, although much improved over those originally submitted, cannot in themselves be successful when the scale and massing of the building has not changed.

Conclusions

12. The LVIA concludes that the development proposals 'have been designed to create a high quality development that respects and positively contributes to the key features of the local character'. I do not agree with this for the reasons stated above. The LVIA has under-played the impacts of the proposed development on the character of the site and the elements which contribute to its importance in the Cotswolds AONB.

13. As there are now no exceptional circumstances which require a development such as that proposed to be located in the AONB, then there are no exceptional circumstances which over-ride the detrimental effect on the character and appearance of the AONB (the landscape). Therefore, the proposal is contrary to Paragraph 116 of the NPPF and should be refused....'

In a rebuttal statement submitted in January 2016 the applicant's landscape consultant confirms that there is little scope to reduce the overall heights and dimensions of the building but nonetheless, the receiving landscape is considered capable of accommodating moderate/large scale buildings as it forms an infill site between the large scale hospital and moderate scale garden centre. Furthermore, it is considered that the site does not contain or contribute to any of the 'special qualities' of the AONB and is not representative of the attractive open countryside and rural outlook of the AONB to the west. It is therefore the view of the applicant's landscape consultants that the Council's landscape response is incorrect. A full copy of this rebuttal is attached to this report at Appendix 6.

Officers are however, in agreement with the analysis of the Council's Landscape Consultant in respect of the overall impact of the proposals in landscape and visual terms and recommends

refusal on this basis since it would appear that the proposals would result in significant and demonstrable adverse impacts that are not outweighed by the proposal's benefits. The application site is located in the Cotswold AONB as a matter of fact. The proposals therefore fall to be considered in accordance with those policies relevant to the AONB.

The application site is neither allocated nor proposed for allocation in the emerging Local Plan, the proposals are therefore speculative and the 'need' for them in doubt (as discussed above). Whilst it is accepted by officers that there may well be some need for the proposals the current 'shortfall' (even if it stands at the level alleged by the applicant) is not considered to be so significant that this would outweigh the landscape and visual harm that has been identified. Whilst attempts have been made by the applicant to alleviate officer concerns through the submission of amendments it is clear that the very nature of the use proposed, which officers are informed must be of the size and scale proposed in order for it to be viable, lends itself to inappropriate development in this particular location. Furthermore, whilst natural synergies with the local hospital are perceived that neither Gloucestershire County Council nor the local NHS service are supportive of the proposals.

In conclusion therefore, it is the view of officers that the current proposals will result in a development that neither conserves nor enhances the natural beauty of the AONB or the qualities for which it has been designated, including its landscape character and scenic beauty. Whilst it is noted that the applicant has made some attempt to allay officer concerns there remains significant objections and, for the reasons set out in this report, these objections are considered to be both demonstrable and significant enough to outweigh the public benefits that may arise as a result. It is therefore considered by officers that the proposals should be refused in light of the requirements of S85 of the CROW Act 2000 and Paragraphs 17, 109 and 115 of the NPPF.

(f) Major Development in the Cotswolds AONB

Paragraph 116 of the NPPF states that 'planning permission should be refused for major developments in these designated areas except in exceptional circumstances and where it can be demonstrated they are in the public interest. Consideration of such applications should include an assessment of:

- i) the need for the development, including in terms of any national considerations, and the impact of permitting it, or refusing it, upon the local economy;
- ii) the cost of, and scope for, developing elsewhere outside the designated area, or meeting the need for it in some other way; and
- iii) any detrimental effect on the environment, the landscape and recreational opportunities, and the extent to which that can be moderated'.

There is no definition of major development in either to the NPPF or in either of its forerunners - namely PPS7: Sustainable Development in Rural Areas and PPG7: The Countryside which also made similar references to major development within designated landscapes such as AONBs. However, in the recent High Court judgement in 'Aston and another v Secretary of State for Communities and Local Government and others' the judge determined that the phrase 'major development' did not have a uniform meaning and to define it as such would not be appropriate in the context of national planning policy.

Notwithstanding, the Government's Planning Practice Guidance states that whether a proposed development should be treated as major development in the context of Paragraph 116 of the NPPF will be a matter for the decision taker taking into account the 'proposal in question and the local context'. With regard to 'issues such as location, scale, context, design and local distinctiveness' it is evident that the site is located between Fosseway Garden Centre and North Cotswolds Hospital on the edge of Moreton. Whilst the applicant contends that the site is an 'infill' it is the view of officers that the site is an important open buffer between the North Cotswolds

Hospital, which was specifically designed to provide a new edge to the town, and the countryside (which the Garden Centre forms part).

It is apparent from the advice of the Council's Landscape Consultant that the proposals will have a detrimental impact on the character of the landscape and appearance of the AONB. Officers are in agreement with the analysis of the Council's Landscape Consultant in respect of the overall impact of the proposals in landscape and visual terms as a result of their size, scale and massing which visually, will appear incongruous and prominent in its context and will have significant and irreversible adverse impacts on the character and visual amenities of the area, the setting of Moreton-in-Marsh, and the Cotswolds AONB (see section above).

Although much improved over the proposals originally submitted, the proposals cannot in themselves be successful when the scale and massing of the building has not changed.

The proposed will be seen cumulatively with the hospital and, in addition to the above, are therefore considered as major development in the context of Paragraph 116. As a result planning permission should be refused unless there are exceptional circumstances and where it can be demonstrated the proposal is in the public interest.

Whilst it is acknowledged by officers that there may well be some need for the proposals the need for a development of this nature the need is not exceptional. It is the view of officers therefore that while there may be some need for a development of this type in the vicinity of Moreton in the future and certainly within the district that the 'shortfall' alleged is not so significant that the Council should feel pressured to permit an application of this nature, on a site that officers have consistently advised is unsuitable for the reason given above. No justification has been given (if there is an urgent need for such a proposal in Moreton) as to why that need to should met in this specific location. There are other sites available in and surrounding Moreton that would be better placed to receive proposals such as this and particularly those parts of Moreton located outside of the AONB. In any event, it is legitimate for Local Planning Authorities to refuse planning applications for development where the harm significantly and demonstrably outweighs the public benefit. This stands whether the proposals is major development in the AONB or not.

Notwithstanding the above comments in respect of need, with regard to bullet point i) of Paragraph 116 it is noted that the proposals will provide an element of increased spending within the local economy and an estimated 80 jobs. While provision of 80 additional jobs is notable in particular it is apparent from the responses received from the County Council and the local NHS service that whilst on one hand there will be benefits that there is also potential for disbenefits. It is also considered that whilst increased local spend and additional jobs are potential benefits that the benefits have not been quantified however, they are not considered to be of such a level that their loss would have a significant adverse impact on the local economy should the scheme not proceed. It is therefore concluded that these benefits would not represent an exceptional circumstance in the context of Paragraph 116.

With regard to bullet point ii) of Paragraph 116 it is noted that the town and its environs do not lie entirely within the Cotswolds AONB. Hence why it would be fair for officers to conclude that there is potential for there to be scope to deliver an alternative proposal in a less sensitive location, outside of the AONB.

With regard to bullet point iii) it has already been identified that the proposed scheme is likely to have a significant adverse impact on the character and appearance of the AONB. Whilst the scheme has been designed in a manner that seeks to minimise its impact it is considered that by the very nature of the proposed use, and the requirements to make such a use viable, that the size, scale and massing of the development remains such that it would fail to conserve or enhance the natural or scenic beauty of the landscape and will be detrimental to the AONB. On balance therefore it is considered that there are no exceptional circumstances that justify a departure from the presumption against major development in AONBs as set out in Paragraph 116 of the NPPF.

(g) Access and Highway Safety

The application site is located adjacent to the A429 which is one of the main roads leading through the district (also referred to as The Fosse Way). Gloucestershire County Council Highway Authority (GCC Highways) confirms that the A429 is subject to a 30mph speed restriction in the vicinity of the site but increases to the national limit to the south.

The capacity and safety of the A429 has been questioned by third parties. In respect to daily movements figures provided by GCC Highways confirms that the Fosse Way carried approx. 10,709 vehicles in a 24hour weekday period with approximately 800 -950 vehicles during the peak hours.

There is currently no formal vehicular access from the application site to the A429. The applicant is therefore seeking to create a new vehicular access via the existing garden centre access. This negates the need to create an additional junction onto the A429 between the existing garden centre and the North Cotswolds Hospital. GCC Highways has raised no objection to the proposals. The existing junction from the A429 and garden centre access road is considered sufficient to provide for both the care home and the existing garden centre.

As part of the proposals a new 2 m wide footway is proposed to the north of the site access in addition to informal pedestrian crossing facilities which are proposed to link with the footway on the eastern side of the A429. Secure and sheltered cycle parking is also proposed for 10 cycles for both staff and visitors. Car parking is proposed with 29 spaces including 2 disabled dimensioned spaces which relates well to the expected number of staff and visitors on site at any one time.

The issue of road capacity and potential congestion in the town centre has also been considered. The applicant has submitted a Transport Assessment to demonstrate that the existing road network can accommodate the level of traffic generated by the proposed development at the present time. In comments received from GCC Highways it is confirmed that:

'The site is currently green field therefore all trips from the proposal are considered as new to the network. The trip generation for the proposal has been compared against the peak hours of the Local Highway Network (08:00 - 09:00 and 17:00 - 18:00) therefore an additional 6 trips are proposed during the AM peak hour and 10 during the PM peak hour. Due to the low numbers involved the proposal is deemed compliant with current planning policy as the impact of the development is not severe.

Notwithstanding the above, a junction capacity model has been undertaken for the existing situation, the opening year and a 5 year horizon year. The development causes a non-material decrease in the spare capacity of the junction.'

On the basis of the above therefore it is considered by officers that the proposals are compliant with Local Plan Policies 38 and 39 in addition to the relevant provisions of the NPPF, and in particular, paragraphs 32, 34 and 39.

(h) Flooding and Drainage

Paragraph 103 of the NPPF states that 'When determining planning applications, local planning authorities should ensure flood risk is not increased elsewhere and only consider development appropriate in areas at risk of flooding where, informed by a site-specific flood risk assessment following the Sequential Test, and if required the Exception test...'

The application site is located in Flood Zone 1 as designated by the Environment Agency. Flood Zone 1 is the lowest designation of Flood Zone with an annual risk of flooding of less than 1 in 1000 (<0.1%). Since the proposed development site is less than 1 hectare there is no requirement for a Flood Risk Assessment however, a drainage strategy has been submitted to

demonstrate that the proposals are safe and will not result in an increased risk of flooding elsewhere.

An initial objection was raised by the LLFA due to insufficient detail as follows but this has been overcome through the submission of additional information and an amended drainage strategy. The LLFA has confirmed that the revised proposals meet the requirements of a major application for which the LLFA is a statutory consultee. Accordingly, there are no objections to the drainage proposals, subject to the imposition of conditions.

It is notable that the drainage proposals submitted rely on discharge from the site entering private land which may require the consent of CDC's Drainage Engineer in accordance with the Land Drainage Act. If this consent cannot be obtained then an alternative drainage proposal, that does not rely on the element, shall need to be submitted to and agreed by the LLFA prior to development (to be secured by condition). A SUDS maintenance plan for all SuDS features and associated pipework will also need to be submitted prior to development (to also be secured by condition).

On this basis the proposals are considered to accord with the relevant provision of the National Planning policy Framework and, in particular, Section 10.

(i) Other Matters

An Ecological Assessment (Ecology Solutions Ltd June 2015) has been submitted with the application which includes further surveys for badgers and bats. The Council's Biodiversity Officer has confirmed that she has no objections to the proposals, subject to conditions, and has advised that the survey results submitted show that no evidence of badgers on the application site were found and that there are no trees within the application site that have suitable features for bats. In terms of hedgerow loss it is noted that only a small section of beech hedgerow is proposed to be removed to facilitate access however, this is to be mitigated through replacement native hedgerow planting. In conclusion therefore, as the majority of the habitat is arable land with field margins comprised of rough grassland, it is considered that the mitigation and enhancement proposed will be sufficient to ensure that the development will not result in any net loss of biodiversity or harm protected species and as such would accord with the requirements of Local Plan Policy 9 of the adopted Local Plan, the NPPF (including section 11) and relevant guidance contained in the NPPG.

The Council's Tree Officer has confirmed that there are no objections to the planning application in arboricultural terms subject to conditions. The application site is not within a Conservation Area and there are currently no Tree Preservation Orders on the application however, there are two Oak trees that are situated within the adjoining hospital grounds that are considered to be significant. It is a requirement of Local Plan Policy 45 to retain any attractive landscape features including trees. In this regard the Council's Tree Officer has advised that due to lack of submitted arboricultural details it is not possible to fully assess the arboricultural impact of the proposals of the two significant oak trees. However it does appear that the oak tree (T1) is outside of the 'build' site but the oak (T2) appears to have a path within its root protection area. It appears possible to redesign this path to that it is located outside of the root protection area of this tree and, providing that this is done, and a tree protection plan and method statement conditioned it is considered possible to undertake the proposed development without detriment to the identified oak trees in accordance with Local Plan Policy 45.

Another matter worthy of consideration, and raised by third parties, is the loss of agricultural land. Paragraph 112 of the NPPF states that 'Local planning authorities should take into account the economic and other benefits of the best and most versatile agricultural land. Where significant development of agricultural land is demonstrated to be necessary, local planning authorities should seek to use poorer quality land in preference to that of a higher quality.' The best and most versatile (BMV) land is classed as that falling within Grade 1, 2 and 3a. Natural England Agricultural Land Classification (ALC) maps based on 1960s/1970s data identify the site as predominantly Grade 3. However, the maps do not distinguish whether the Grade 3 land is Grade

3a or Grade 3b. The applicant has not submitted an Agricultural Land Classification report with the application so it is not possible to conclude if the application is BMV or not. Nonetheless, a proposed development of less than a hectare is not considered to be significant in this context. It is of note that the threshold for consulting Natural England in relation to proposals for the loss of BMV land is 20 hectares. The application site is clearly under this figure. As such it is considered by officers that the proposals could be permitted without conflicting with guidance in Paragraph 112 of the NPPF.

9. Conclusion

Overall, the proposed scheme will result in the development of a greenfield site located within the Cotswolds Area of Outstanding Natural Beauty. The site is also located outside a Development Boundary as designated in the Cotswold District Local Plan 2001-2011 where development appropriate to a rural area is permissible subject to meeting the specific criteria set out under Local Plan Policy 19 (Development Outside Development Boundaries).

It is considered that the proposals, by nature of their size, scale and massing will have significant adverse impact on the character, appearance and scenic beauty of the AONB and will fail to conserve or enhance the natural or scenic beauty of the landscape. Whilst it is acknowledged that Moreton-in-Marsh is a sustainable location for new development and that there may be some need for the proposals in the market catchment/Cotswold District that (notwithstanding the questions raised by officers in this regard) officers are not convinced that the public benefits arising from the proposals are of a level that justifies a grant of planning permission given that the landscape and visual harm identified is considered both significant and demonstrable, and therefore unacceptable, in this case having regard to Paragraph 115 of the NPPF and the provisions of S85 of the CROW Act 2000.

In addition, the level of proposed development is considered to constitute major development in the context of Paragraph 116 of the NPPF. The aforementioned Paragraph advises that planning permission should be refused for major development in AONBs except in exceptional circumstances and where it can be demonstrated that they are in the public interest. It is considered by officers that in the particular circumstances of this case that no such exceptional circumstances exist.

The proposals would have a significant detrimental landscape and visual impact on the AONB and would result in the development of site that has been identified by officers as being an important open space and buffer between the North Cotswolds Hospital and the countryside surrounding Moreton, which the garden centre is considered to form part. The proposals would therefore cause significant harm to the AONB but also result in the loss of what officers consider to be an important open space that makes a positive contribution to the AONB and the setting of Moreton-in Marsh. The advice in the Landscape Strategy and Guidelines for the Cotswolds AONB is to 'oppose ribbon development along major access or through routes' and 'to ensure that new development does not adversely affect settlement character and form' and is 'visually integrated in the rural landscape'. The proposals fail to achieve either of the latter. The proposals are therefore considered to conflict with criterion b) of Local Plan Policy 19.

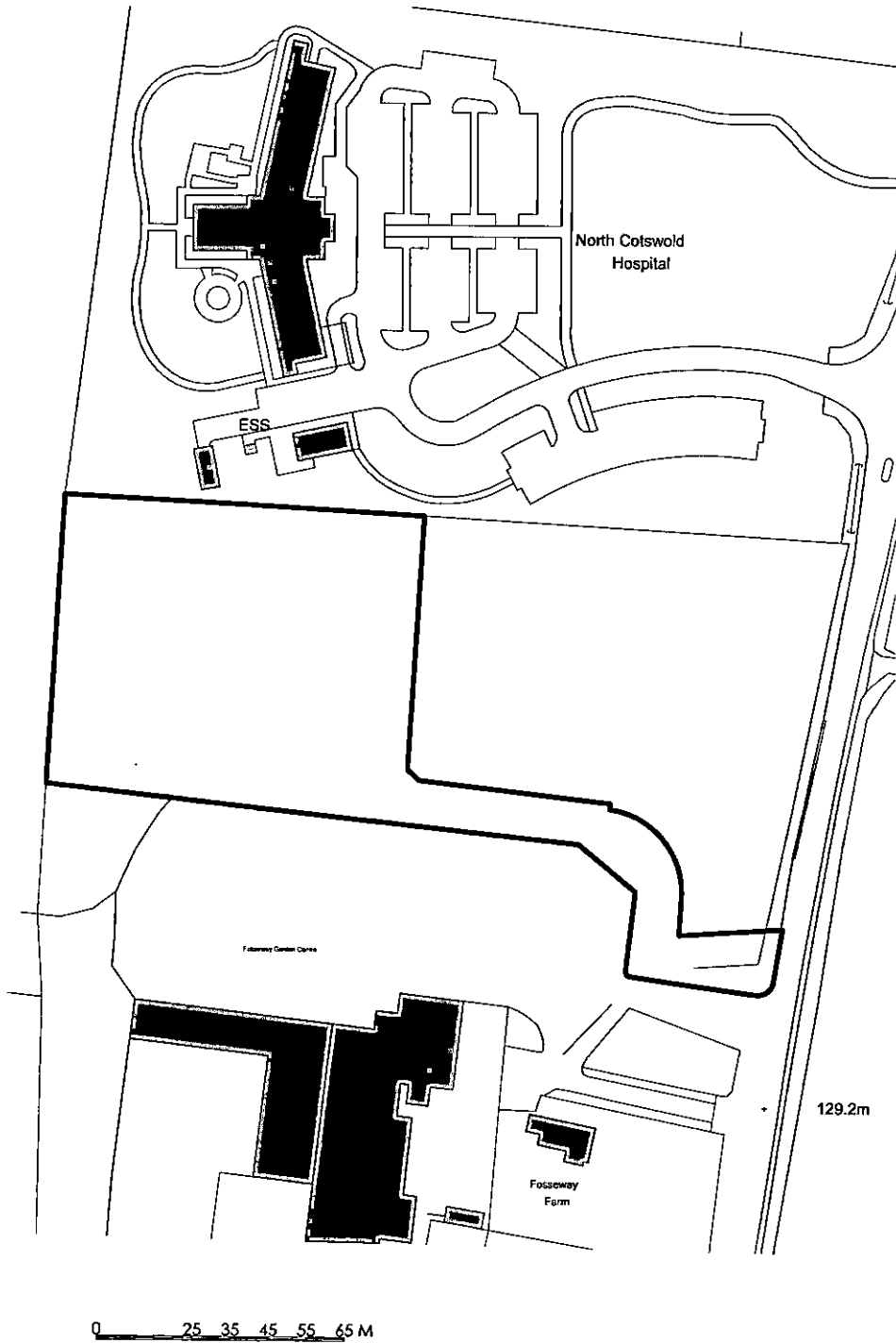
In conclusion therefore it is considered that the landscape and environmental impact of the proposal would result in a development that significantly compromises the principles of sustainable development thereby conflicting with criterion e) of Local Plan Policy 19. The introduction of a development of the size, scale and massing would also fail to respect the setting of Moreton and its local distinctiveness, conflicting with Local Plan Policy 42 and the Cotswold Design Code (SPD).

Accordingly, since there are no exceptional circumstances or other material considerations that outweigh the identified harms, it is recommended that the application is refused.

10. Reason for Refusal:

1. The application site is located within the Cotswolds Area of Outstanding Natural Beauty (AONB) wherein the Local Planning Authority is statutorily required to have regard to the purpose of conserving and enhancing the natural beauty of the landscape. The proposed development by virtue of its location, size, scale and massing will appear visually incongruous and prominent in the landscape and would result in the loss of a greenfield site within the AONB that makes a positive contribution to its character and natural/scenic beauty and the setting of Moreton-in-Marsh. The proposals represent a significant and unacceptable development that would cause significant and irreversible adverse impacts on the character and visual amenity of the area, the setting of Moreton-in-Marsh and neither conserves nor enhances the natural/scenic beauty of the AONB or the qualities for which it has been designated. The need for the proposals is not considered to be so significant that this would outweigh the landscape and visual harm that has been identified. Furthermore, the application site is considered to constitute major development in the context of Paragraph 116 of the National Planning Policy Framework (NPPF). Paragraph 116 advises that planning permission should be refused for major developments in AONBs except in exceptional circumstances and where it can be demonstrated that they are in the public interest. On balance the benefits arising from the scheme are not considered to constitute exceptional circumstances as required by Paragraph 116. No exceptional justification has been advanced and no justification has been given as to why this need must be met in this specific location in the public interest, sufficient to outweigh the environmental harm outlined. As such, appears to be no over-riding need for the site to be developed which will outweigh the fundamental harm to the character and visual qualities of the AONB and setting of Moreton-in-Marsh identified. The proposals are therefore contrary to Local Plan Policies 19 and 42, the Cotswold Design Code, the National Planning Policy Framework (including, but not limited to paragraphs 17, 109, 115 and 116) and the provisions of S85 of the CROW Act 2000.

Plans/Drawings



- NOTES**
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 - 2. All references to the drawings are to be taken from the drawings and not from any other source.
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PLANNING ISSUE

- ① Boundary amendments. 2015-11-18 MW
- ② Boundary amendments. 2015-10-26 MW
- ③ Boundary amendments. 2015-10-23 MW
- ④ Boundary amendments. 2015-10-23 MW
- ⑤ Planning Issue. 2015-04-05 PC

- REVISIONS**
- Preliminary
 - For Approval
 - Tender
 - Construction

CLIENT
Porthaven Care Homes Group

PROJECT
Land Adjacent to Fosseway Garden Centre
Fosseway, More-in-Marsh

DRAWING TITLE
Site Location Plan

DATE	DRAWN BY	CHECKED BY
1:1250@A3	PC	JUN 2015
DRAWING NO.	REVISION	
14-137-100	①	



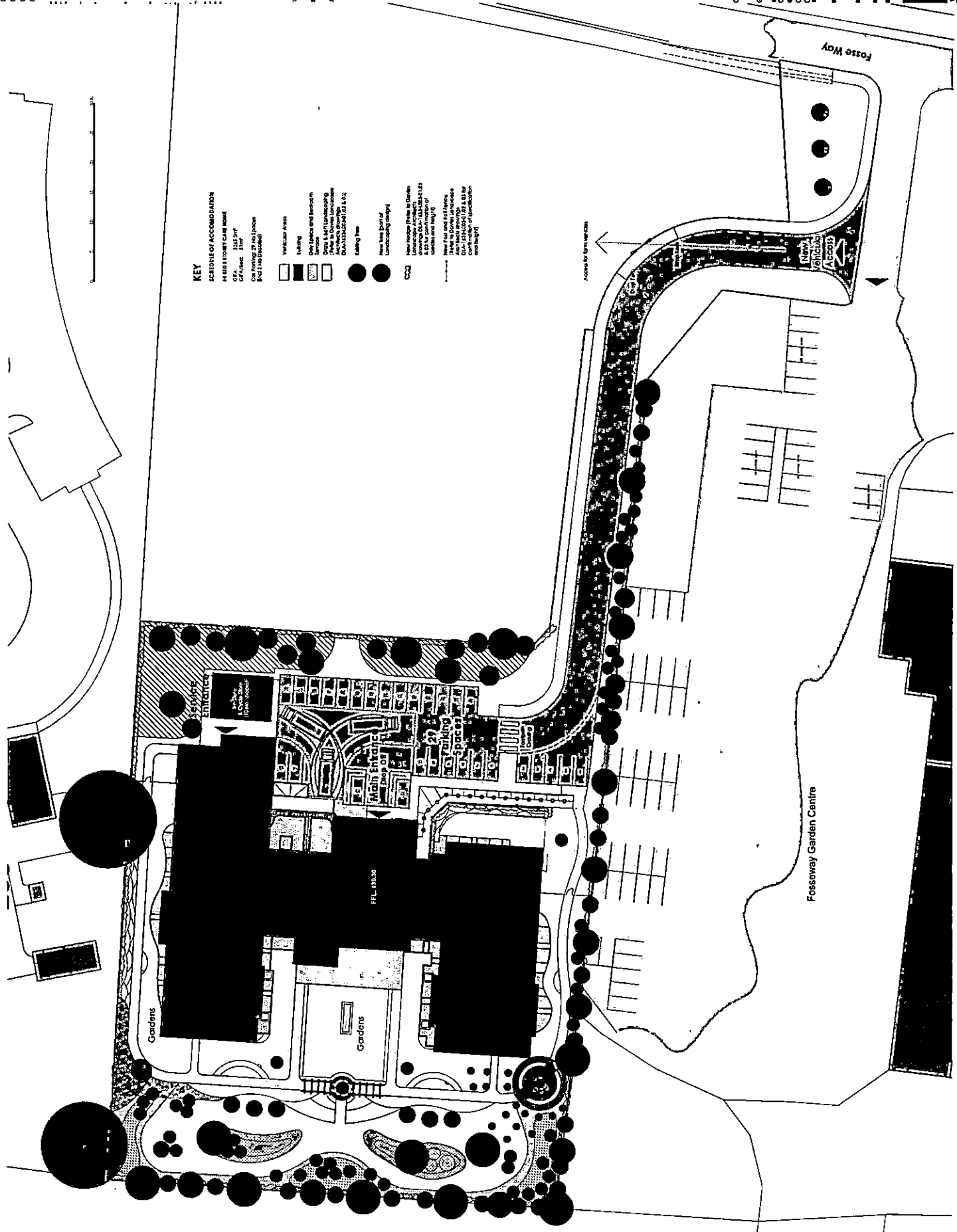
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KEY

- SCHEME OF ACCOMMODATION**
- 44 Beds 110m² Care Home
 - 100m² Staff
 - 100m² Ancillary
 - 100m² Access
 - 100m² (No. of Rooms)
- 1. Pavement Area
 - 2. Tarmac
 - 3. Grass
 - 4. Trees
 - 5. Planting
 - 6. New tree (see site plan)
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PLANNING ISSUE

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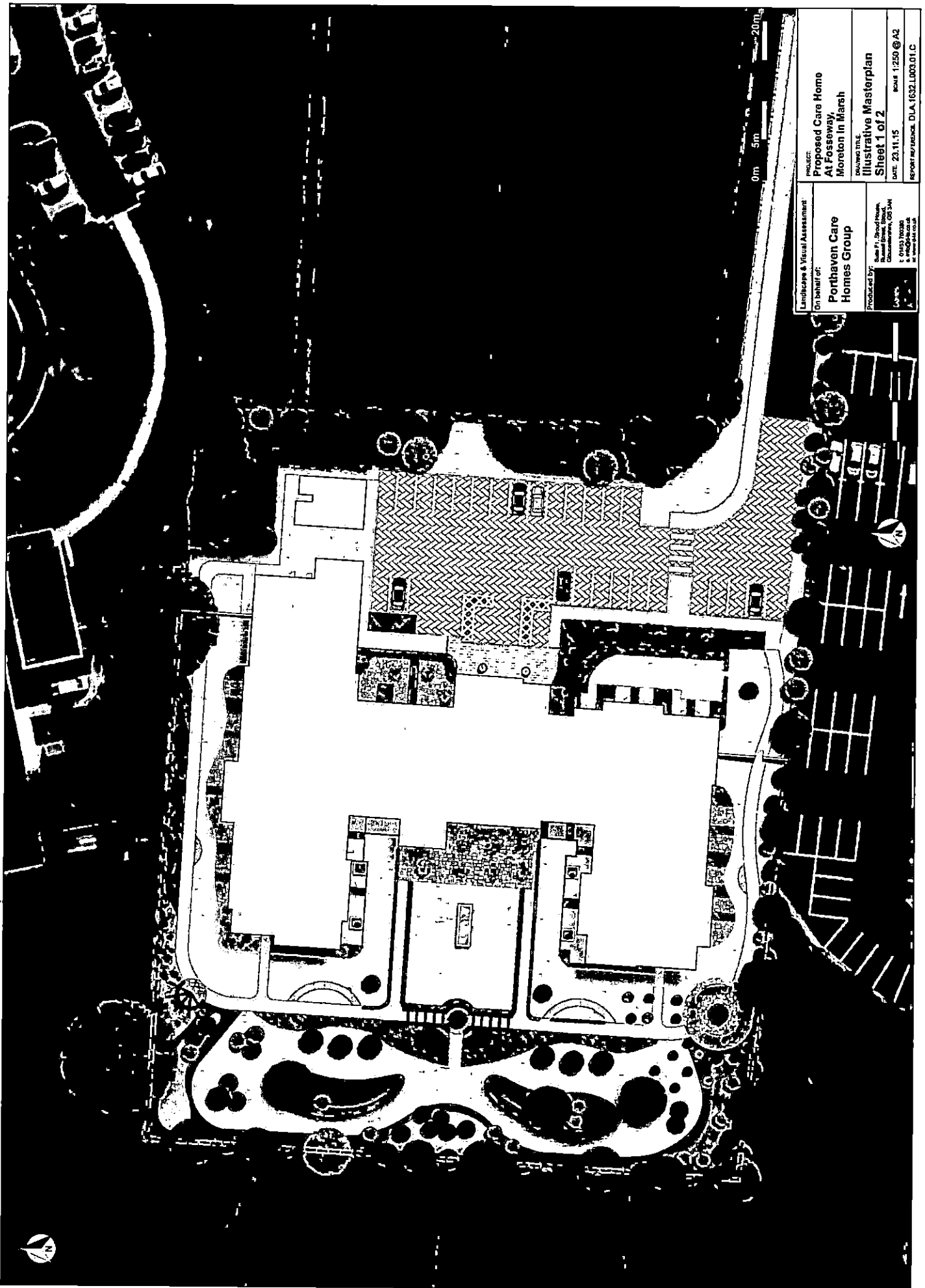
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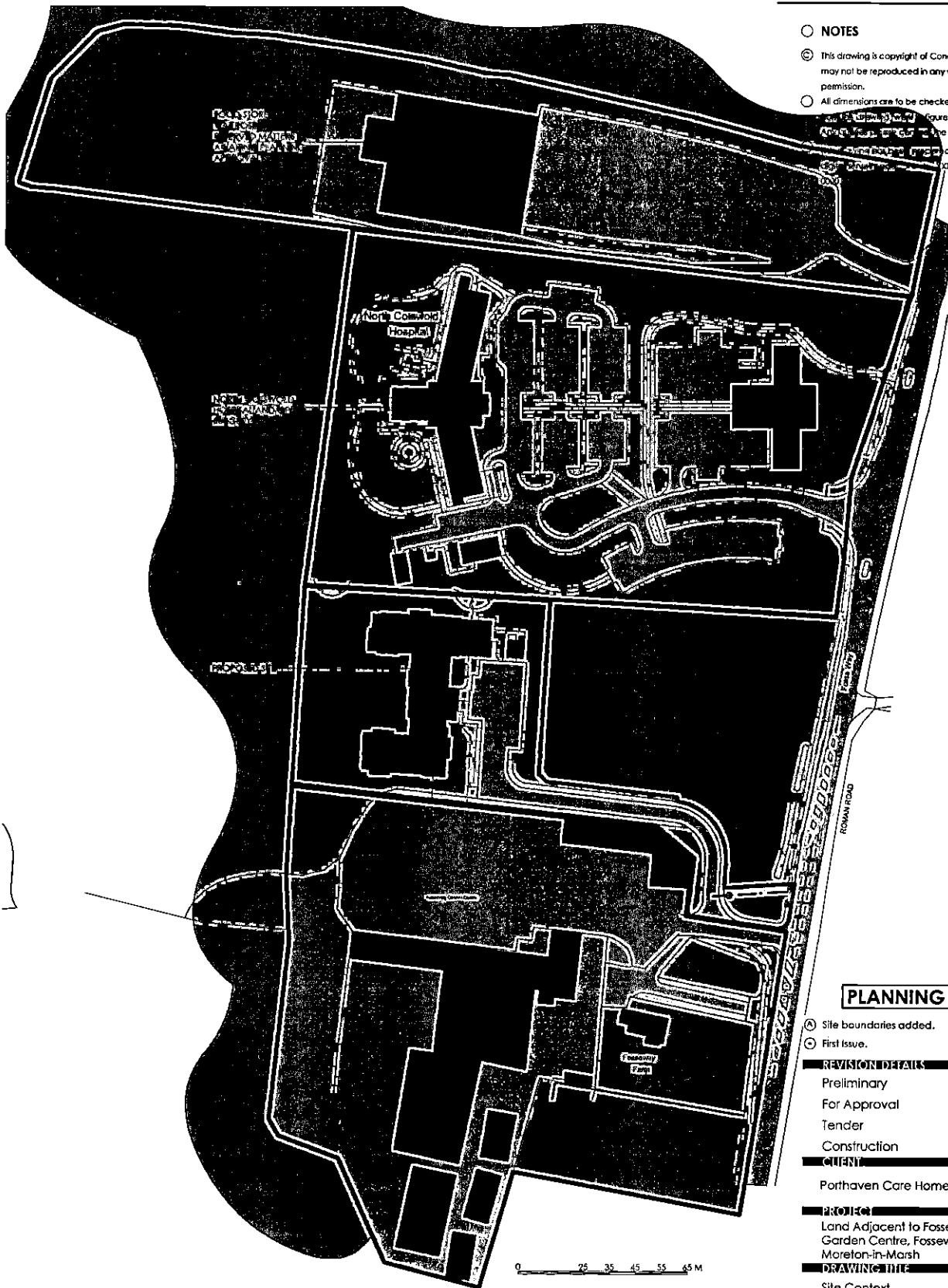
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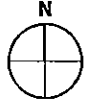
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Landscapes & Visual Assessment On behalf of: Porthaven Care Homes Group	PROJECT: Proposed Care Home At Fosseway, Moreton in Marsh
	ISSUED TITLE: Illustrative Masterplan Sheet 1 of 2
Produced By: Sara F. Shaw-Woods, Richard Street, Stroud, Gloucestershire, G5 3AN	DATE: 23.11.15
© 2015 Porthaven Care Homes Group All Rights Reserved	SCALE: 1:250 @ A2
	REPORT REFERENCE: DLA.1632.L003.01.C



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 - All dimensions are to be checked on site. Do not scale.



PLANNING ISSUE

- Site boundaries added. 2015-11-27 PC
- First Issue. 2015-11-24 PC

REVISION DETAILS	DATE	BY
Preliminary		
For Approval		
Tender		
Construction		

CLIENT
 Porthaven Care Homes Group

PROJECT
 Land Adjacent to Fosseway Garden Centre, Fosseway Moreton-in-Marsh

DRAWING TITLE
 Site Context

SCALE drawn by date
 1:1500@A3 PC Nov 2015

DRAWING NO. revision
 14-137-116 (A)



T: 0151 207 4371 • F: 0151 207 7087

	1. Garden Centre Site approx 2.7 ha	2. Care Home Site approx 0.9 ha	3. Hospital Site approx 2.73 ha	4. Waitrose Site approx 2.1 ha
% of Built Form/Site (Black)	22 %	20 %	8 %	13 %
% of Built Form + Hardstanding/Site (Black + Grey)	52 %	40 %	40 %	46 %
% of Landscape/Site (Green)	48 %	60 %	60 %	54 %

Note: All Figures Indicated are approximate

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Moreton in Marsh Town Council

Katherine Brommage
Senior Planning Officer
Cotswold District Council
Trinity Road
Cirencester
Glos
GL7 1PX

Clerks Office
Old Town
Moreton in Marsh
Glos
GL56 0LW
Tel: 01608 651448
Email: clerk@moretoninmarshtowncouncil.co.uk

13th October 2015

Dear Katherine

RE: PLANNING APPLICATION 15/03099/FUL

Moreton in Marsh Town Council wishes to object to the above application for the following reasons.

The site lies outside the town's development boundary

The development of the hospital site, which is the first building to encroach on the southern development boundary into the AONB, was an exception site and only permitted as an essential community facility. Unlike the hospital, the developers have not proved that there is not an alternative more suitable site.

The proposed development lies within the AONB and shows little regard to its setting. The scale of the building is too large for the site; the whole potential site from the A429 needs to be considered as one as this could easily result in high density development if this application was allowed to go ahead. There is no room for this building to breathe on the proposed site.

The design of the building bears no relationship to existing buildings within the local or wider vicinity forming an unduly prominent feature in the AONB. Whilst the Garden Centre to the south has an agricultural feel and the North Cotswolds Hospital is set in substantial landscaped grounds, this planning application proposal does not benefit from either of these advantageous characteristics.

From a landscaping perspective, a larger site is needed to mitigate the visual and spatial impact of the development and create a suitable landscape setting for the building and parking. In addition, there is no vegetation to the south, west or east of the site. In contrast, the North Cotswolds Hospital (adjacent and north of the proposed site) is in extensive landscaped grounds.

The National Planning Policy Framework attaches great importance to the design of the built environment. Good design is a key aspect of sustainable development and is indivisible from good planning; it should contribute positively to making places better for people. This scheme does not constitute high quality design.

Contrary to the accompanying Design & Access statement:

1. It cannot be classified as an infill site.
2. It can hardly be described as a 'landscape-led approach' given its contrived location on the available site.
3. There are no gaps in the built form to retain views through the site as it obscures the important views of the escarpment when viewed from the A429. The proposed development will be a prominent feature when viewed from the Hospital, the Garden Centre, Monarchs Way and Heart of England Way and those travelling along the ridge way from Longborough to Bourton on the Hill, as well as from the A44 at the top of Bourton on the Hill village.
4. The proposal claims the development to be assimilated into the surrounding context without visual moderate/major impact and will not have detrimental impact on AONB, far from being an attractive addition it would be an intrusion, an alien built form on this important gateway to the town. This development would have an irreversible and significant adverse impact on the surrounding character of the vicinity.

From the NPPF Section 11. Conserving and enhancing the natural environment Item 115. 'Great weight should be given to conserving landscape and scenic beauty in National Parks, the Broads and Areas of Outstanding Natural Beauty, which have the highest status of protection in relation to landscape and scenic beauty.'

The present access to the site would be by vehicle only. The pedestrian access to the east side of the A429 is narrow, impassable and unkempt; there is no pathway to the west side of the A429 on which the site is located making the site unsustainable from a pedestrian linkage perspective with the town centre.

Due to the large amount of glass in the design, light pollution is a serious concern affecting traffic travelling from the south on the A429 and the ridge road between Longborough and Bourton on the Hill as well as houses in neighbouring settlements.

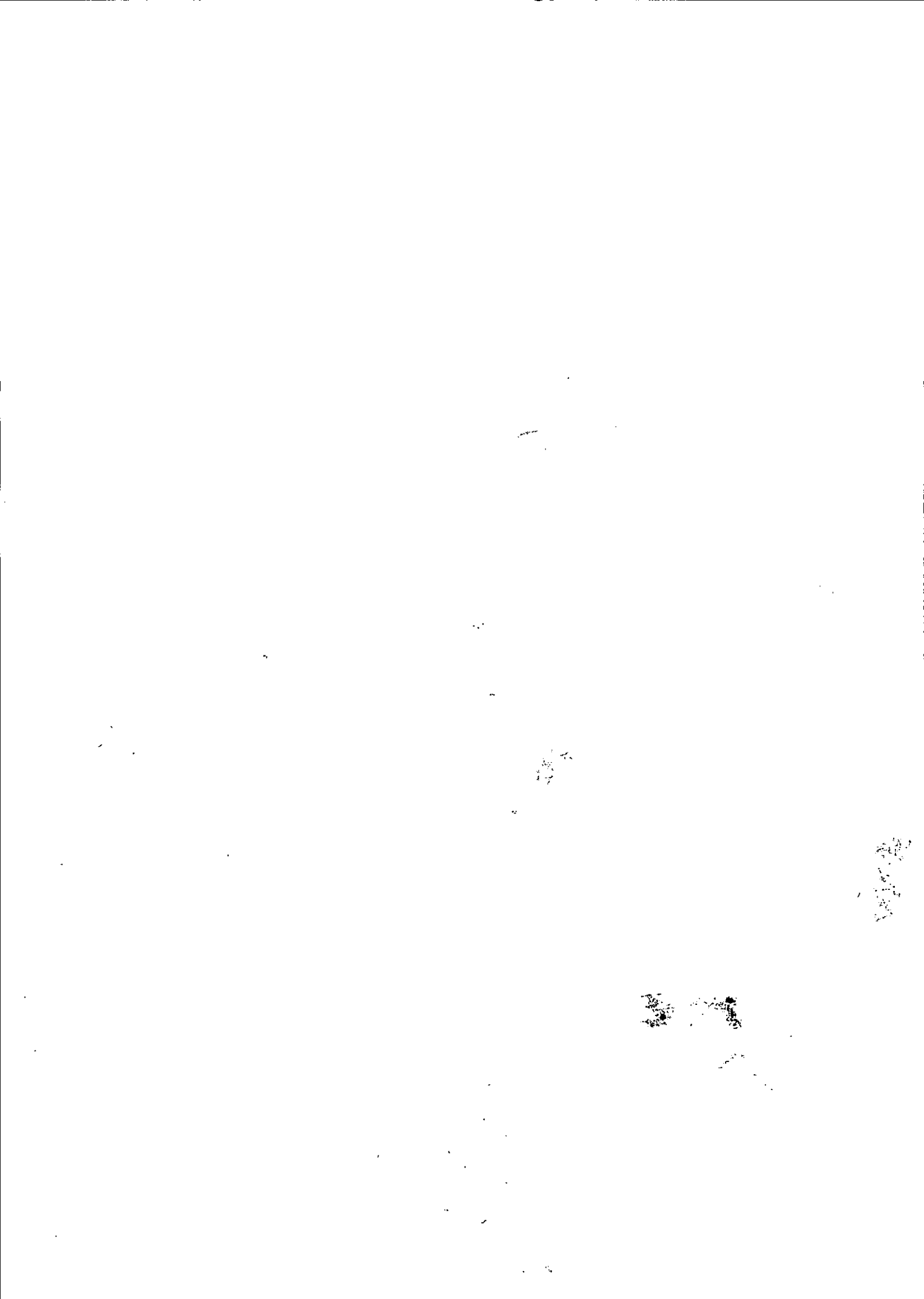
There will be extra traffic generation at a traffic pinch point where 5 heavily used junctions converge within 300 metres of each other.

Flooding and drainage are other issues to be considered, given the adjacent impermeable tarmac car park of Fosseyway Garden Centre and the site's close proximity to Stow brook, which forms part of the town's flood alleviation scheme.

Yours sincerely



Katherine Noble
Clerk to the Town Council



156

Appendix 2



MannCottage
SURGERY

Mann Cottage Surgery

Four Shires Medical Centre, Stow Road, Moreton in Marsh, Glos. GL56 0DS

Tel: 01608 650764 Fax: 01608 650996 www.moretondoctors.co.uk

24th November 2015

Katherine Brommage
Senior Case Officer
Cotswold District Council
Trinity Road
Cirencester
Gloucestershire
GL7 1PX

VIA EMAIL AND POST

Dear Katherine

Re: **Land adjacent to Fosseyway Garden Centre, Moreton – 15/03099/FUL**

Many thanks for sharing with me copies of the documents from Porthaven properties and Castlewood, I have disseminated these to the three other partners who work out of Four Shires Medical Centre and enclose copies of their responses.

As I am sure you are aware Four Shires Medical Centre operates with two practices inside, Mann Cottage Surgery and White House Surgery, both small rural practices covering very wide areas with a very low density population compared to national figures and has a very high level of elderly population compared to the national average.

Within the four partners there is myself who as well as Senior Partner at Mann Cottage Surgery is also Chairman of the North Cotswold GP Commissioning Group covering four practices and leading on commissioning of services in the North Cotswolds, Dr Christopher Morton who has previously Deputy Medical Director for the Gloucestershire Commissioning Group, a countywide commissioning group and is on the LMC.

We have taken an unusual step of uniting in our response and expressing our grave concerns regarding the application that has been put through for planning of a 64 bed dementia home on the land opposite.

As you will see from the attached letters all four partners are expressing deep concerns.

On behalf of the Four Shires Medical Centre and the two GP surgeries within I am also going to comment on the letter from Porthaven that you received on the 10th November 2015.

Dr. Hywel Furn Davies MBBCh, DPD • Dr Cathy Bobrow MBChB, MRCP, DFFP
Dr A Evers MBChB, BSc, MRCP • Jill Roper Practice Manager

Tel: 01608 650764 Fax: 01608 650996 www.moretondoctors.co.uk



MannCottage
SURGERY

VAT Registration No. 878678440



-2-

In regard to the letter we have actively, and continue, to review our dementia numbers within each practice on the register and our numbers are not such that a 64 bed dementia home would be adequately filled by any means by our register. Indeed when reviewing the numbers the vast majority of our patients wish to remain at home which we support with the care of our District Nursing Team and our Dementia Team and a very small handful each year from each practice go on to requiring fulltime nursing within a residential setting. Thus we are convinced that any provision for a 64 bed dementia home would involve an importation of dementia patients in to the area.

Whilst we have no issues around providing dementia care and the practices continue to score high QOF points regarding this area and general health care we are concerned at the impact that a 64 bedded unit would have on our already extremely stretched medical provision.

To paint the picture to you we are already providing 7 day working cover at the North Cotswolds Hospital, we are commissioning weekend working for GMS patients and extending our hours to 8pm during the week.

This is against a background of only four partners and two salaried Doctors (part-time) plus the demanding demographic of an elderly rural population.

We draw your attention to what is also going on in the county which I am sure you are aware of where at least three practices we are aware of, two rural and one urban have gone under (due to the inability to recruit Doctors to the practice). The comments within the Porthaven document that there appears to be an abundance of Doctors just around the corner is not true and we are concerned that any impact on our working pattern and requirement of future Doctors would be heavily affected by the inability for other practices in the county to attract partners themselves.

We are in this area very adaptive GPs with wide skills and are already facing the challenges of the NHS and are working actively towards 7 day working but we also have the responsibility of our North Cotswolds Hospital and the importance that we should continue caring for our patients locally.

With regards to the previous planning application, we tacitly supported the initial application, however this was a completely different proposition and at the time met with the local policies of integrated care.

We read with interest the concept the new surgery would have the capacity of extra 2000 patients whilst this is correct from the fabric of the building point of view it is not fair or reflective from the man power point of view, clearly as a practice should we inherit 2000 more patients we would clearly need to recruit further Doctors in a situation where recruitment as mentioned above is impeded.

-3-

Within the two practices we also provide medical cover for the residential home already present in Moreton in Marsh and provide branch surgeries to local villages.

Porthaven mention the concept of step up beds the relevance of which we find difficult to understand in that we already have a community hospital that provides sub-acute care involving IV antibiotics, IV fluids, blood investigations and we also are actively in the county promoting the use of the CCG commissioned Rapid Response Service which these activities are now done at home to ensure the patient is not admitted to hospital or in to a care home unless absolutely necessary.

Within the North Cotswolds we already have the facilities for rehabilitation, some of which can occur at the North Cotswolds Hospital, also can at the dedicated rehab unit in Bourton on the Water which is covered by the Bourton on the Water GPs, we are also using our intermediate care teams to promote as much rehabilitation as possible with the patients within their own home.

Porthaven also mentioned the possibility of GP led beds, however we find there would be little appetite within the Commissioning Group to commission these services as we already have provision as I have outlined above.

Collectively we are a dynamic group of GPs who provide a wide variety of care for various demographics in various locations throughout our rural dispersed area. We welcome the opportunity of dementia beds being provided at some point in the North Cotswolds, we question the size of this development, we also question the necessity of such a development when the direction of travel is to maintain patients at home for as long as possible.

We are quite sure that the standard of care Porthaven would provide would as specified in their letter and are fully aware of the complex nature of dementia care, however due to a real risk that our practices will be destabilised and the potential that we would have to stop providing services to other areas due to extreme work pressures including the North Cotswolds Hospital and the Out of Hour service which we provide, we at this time are unable to support the application for a development of this size in this very rural and already medically stretched environment.

Yours sincerely


Dr Hywel Furn Davies
GMC No: 3592852

HFD/tf

THE WHITE HOUSE SURGERY

Dr. C.C. Morton, Dr. B.J. Smith

Dr. M. Emes (Salaried GP)

FOUR SHIRES MEDICAL CENTRE

STOW ROAD, MORETON IN MARSH, GLOUCESTERSHIRE, GL56 0DS

TEL: 01608 650317 FAX: 01608 650071

e-mail: WhiteHouseSurgery.Secretary@glos.nhs.uk

www.whitehousesurgery.co.uk

Our Ref: CCM/JA

Date 24th November 2015

To Whom It May Concern

Planning Application

Re: 64 Bed Psychogeriatric/Dementia Nursing Home – Land at Fosseway Garden Centre, Moreton in Marsh.

I write as a GP in the town of Moreton in Marsh and a neighbour to the site. I would like to express my concerns and objections to the above Application please. These will be on the following grounds:

1. The size of the unit at 64 beds is too big for the area and will result in heavily dependent patients being imported into the area.
2. Being categorized as Dementia or Psychogeriatric also is an over specialisation for what is a diffuse low population rural area.

Both of these two elements are concerning as the health provision matrix in the North Cotswolds is fragile, manifested principally by difficulty in obtaining staff, particularly trained staff, in the area. Any basic level of caring positions are always difficult to fill and bringing in this amount of extra work for the area without bringing in any more staff will pose a threat to this matrix, both in terms of recruitment to the existing Community Hospital and to community posts in the practice and out in the district.

3. From a GP point of view, it will be unattractive to the practice. This large amount of clinical work appearing immediately next door to us could potentially have a destabilising effect. GPs are GPs because that is the type of medicine they wish to practice. We are not Psychogeriatricians and do not particularly wish to be drawn in this direction over and above that which you would find in a general population. Our support within the unit could not be relied upon. Under these circumstances, importing specialised medical input up to the North Cotswolds from centres such as Cheltenham and Gloucester is clearly likely to be extremely inefficient or not happen and could well result in a worse pattern of care up here because of it.

I would be grateful if the above points could be taken into account when considering the application.

With thanks.

Yours sincerely,

Dr Christopher Morton

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Fwd: Care Home

Furn-Davies Hywel (NHS GLOUCESTERSHIRE CCG)

Sent: 24 November 2015 15:55

To: Laver Angela (NHS GLOUCESTERSHIRE CCG)

Sent from my iPhone

Begin forwarded message:

From: Brian Smith <[REDACTED]>
Date: 17 November 2015 at 19:56:01 GMT
To: "Furn-Davies Hywel (NHS GLOUCESTERSHIRE CCG)" <[REDACTED]>
Subject: Care Home

Hywel,

They are clearly missing the point that all our existing dementia patients are not going to up and move in to this facility. It will clearly mean 64 new dementia patients at an advanced stage in their disease presenting a significant additional workload without any significant additional remuneration proportional to this step change.

Clearly, there is a lack of local residential places but this size unit is grossly disproportionate to local requirements and will clearly attract residents predominantly from beyond our existing boundaries and population.

I am certainly very concerned. This is not a consolidation or re-organisation of existing outdated provision but will create an entirely new population of extremely demanding patients.

As someone with personal family experience of dementia I have every sympathy for the plight of such people. However, I can only envisage this development being detrimental to the care of the existing local population.

Please feel free to forward my concerns if you feel appropriate.

Regards

Brian

Dr. B.J.Smith

White House Surgery

Fwd: Land adjacent to Fosseway Garden Centre, Moreton - 15/03099/FUL

Furn-Davies Hywel (NHS GLOUCESTERSHIRE CCG)

Sent: 24 November 2015 15:55

To: Laver Angela (NHS GLOUCESTERSHIRE CCG)

Sent from my iPhone

Begin forwarded message:

From: "Bobrow Cathy (NHS GLOUCESTERSHIRE CCG)" [REDACTED]
Date: 18 November 2015 at 22:50:26 GMT
To: "Furn-Davies Hywel (NHS GLOUCESTERSHIRE CCG)" <[REDACTED]>
Subject: RE: Land adjacent to Fosseway Garden Centre, Moreton - 15/03099/FUL

Dear Hywel

Thank you for forwarding a copy of the letter to the council from Porthavens development director. What it contains is very concerning for our 2 small semirural GP practices with an already growing population and workload, especially given the known problems of GP recruitment in the county.

He stresses in his letter how their homes should not be confused with those catering for the more independent elderly but rather for those frail elderly requiring 24 hour nursing. That these frail elderly will be entitled to a GP and indeed should have a named clinician. He comments that Health education England has been advised to recruit an extra 2000 GPs because of the extra workload GPs are being expected to take on but then goes on to say that GPs get extra funding for taking on these patients and for doing injections and visits and that therefore if managed carefully this "should not be an undue financial burden". He doesn't mention anything about the extra workload and how we are expected to manage this with an already increasing list size and no extra capacity doctor wise.

Although we will get funding for extra patients registering with us I am not aware of any significant payment we will get for them having dementia or for visiting them if required and cannot imagine we will be injecting them frequently enough to compensate for the extra workload. The idea that of the 64 beds, many will be used by existing patients is hard to believe given our list sizes and therefore we must assume that the majority of these patients will be new registrations bringing with them significant morbidity and workload.

They say they make early contact with us to discuss how to manage once they have planning permission....perhaps this would be better done before.

Regards

Cathy

EXECUTIVE SUMMARY

1.1. Background
 Carterwood Chartered Surveyors has been commissioned to prepare a needs assessment on behalf of Porthaven Care Homes Group in support of the development of a purpose-built 64-bed care home for the elderly and those living with dementia.

1.2. National demand drivers for new elderly bedspaces
 National overview
 The population of the UK is set to age dramatically over the coming years. With a substantial increase in the number of people living to over the age of 85, when dependency levels and the prevalence of dementia increase dramatically. Nationally, approximately 40 per cent of existing elderly care home provision is not to the standard required to cope with the needs and expectations of today's elderly care home residents.

1.3. Demand for elderly care within the catchment area - 2017

Demand	Ref.	Market catchment	Local authority
Estimated demand for elderly care beds	1	537	888
Supply			
Current supply of elderly market standard bedrooms	2	311	485
Beds pending decision	3	24	24
Beds granted permission - with a low likelihood of development	4	80	124
Beds granted permission - with a high likelihood of development	5	106	84
Total planned and existing market standard beds	6	521	727
Balance of provision (excluding the proposed care home)			
Estimated shortfall including all planned beds	7	16	161
(Supply equates to the sum of references 2, 3, 4 and 5)			
Estimated shortfall including beds with a high likelihood of development	8	120	309
(Supply equates to the sum of references 2 and 5 only)			

1.4. Conclusions and recommendations

- Our assessment of the balance of provision in 2017 within the market and the Cotswold District Council catchment areas indicates shortfalls of 16 and 161 market standard bedspaces respectively, assuming all the planned beds are developed.
- Our more realistic assessment of the balance of provision, where only planned beds that are likely to be imminently developed are included, indicates even larger levels of unmet need equivalent to 120 and 309 market standard beds within the market and council catchment areas respectively.
- Furthermore, we have calculated significant shortfalls of beds that provide specialist dementia care within dedicated environments as proposed, within both catchment areas, indicating there is a lack of specialist dedicated dementia provision in the area.
- We therefore consider there to be a significant unmet need for additional elderly care home beds.

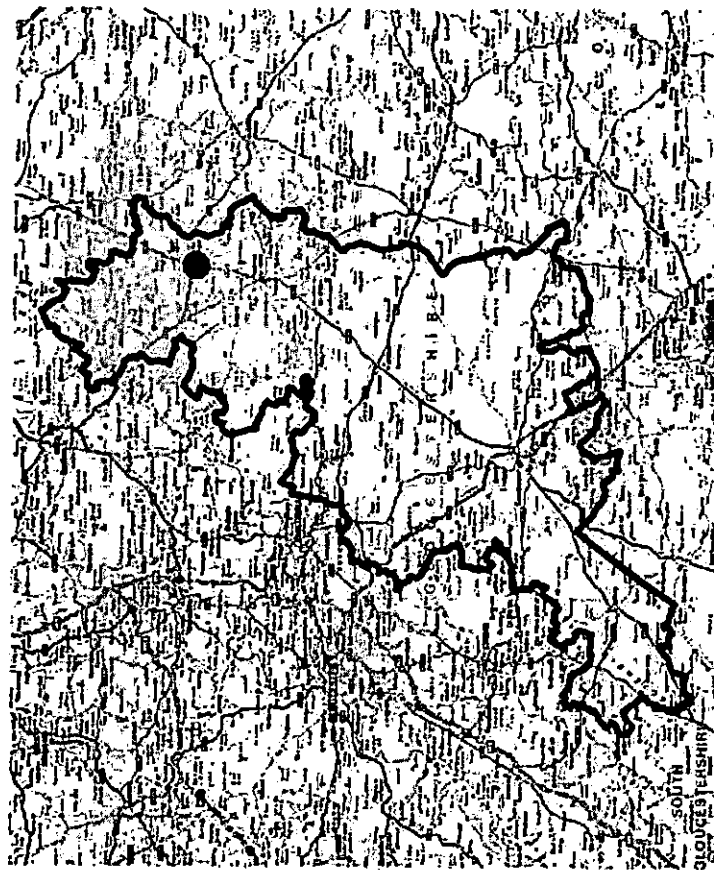


Figure 1: Location of the proposed community and its catchment areas

Notes: The proposed care home is shown by the red dot. The market catchment area is indicated by the area shaded blue with the boundary of the Cotswold District Council edged dark blue.

1.5. Definition of market standard beds

A market standard bed is defined as a bedroom providing ensuite facilities comprising a minimum of WC and wash hand basin. There is no stipulation of minimum size, suitability for purpose or incorporation of shower/wetroom facilities in this wide definition adopted.



Appendix 4

Katherine Brommage
Cotswold District Council
Trinity Road
Cirencester
Gloucestershire
GL7 1PX

10th November 2015

Dear Katherine

Land adjacent to Fosseyway Garden Centre, Moreton in Marsh – 15/03099/FUL

I refer to the above planning application.

Many thanks for forwarding a copy of the letter from Dr Furn-Davies, on behalf of Four Shires Medical Centre, dated 26 October 2015. We have given due consideration to the correspondence received in respect of the development proposal, and we would like to take the opportunity to comment as follows.

Our analysis of our existing residents shows that, by far, the majority live within a 4-5 mile radius of our homes and will therefore most likely already be on the local GP's register. The application proposal is for a Care Home, not assisted living accommodation where residents may move a long distance to live, driven by a lifestyle choice. When people need 24-hour nursing care due to their frailty or as a result of dementia, they need 24-hour nursing care close to hand.

We are wholly in favour of people being looked after at home for as long as possible but, unfortunately, there comes a time for many people when this just becomes impossible. Modern families tend to be more dispersed, and frequently have more wide-ranging commitments than they had years ago, making it harder to look after an elderly relative with declining health. While domiciliary care services and community nurses can provide some degree of support to an elderly person in their own home, this becomes increasingly difficult to maintain as health needs become more complex and demanding, particularly in respect of dementia.

Care homes should not be confused with retirement, assisted-living, extra-care or sheltered housing schemes that tend to cater for the more life-style driven, independent elderly. Porthaven's care homes provide 24-hour nursing care for residents who are frail elderly and/or living with dementia who can no longer maintain a safe, independent life at home. The level of continual specialist care/medical intervention we provide in our care homes cannot be effectively delivered in the individual's home or extra care facility.

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Ageing and dementia are issues that will not simply go away and cannot be put out of sight and out of mind. It is disappointing to hear that it is considered by Dr Furn-Davies that the dementia care home will be detrimental to the GP practice. In contrast, the response also acknowledges that there is a *"back drop of an increasingly ageing demographic"*. It is important to note that many of this population will either already be, or will become, frail elderly or affected by dementia. There is also currently a significant shortfall of care homes that provide specialist dementia care within dedicated environments within both Moreton and the District as a whole.

In addition to the above, it is also of note that during discussions for a previous care facility on the application site in 2011 the GP Surgery highlighted their support for such provision in Moreton. This information was included as part of the public consultation document for the application proposal. Specifically, it was identified that the location of the site would have a clear synergy with the adjacent hospital and GP surgery and all could work together to care for the elderly. It was also identified that the close location of the GP surgery with the application site would help cut journey times for visits to those that require them, which is a clear benefit.

Furthermore, we are aware that a press release by Anchor Care Homes in 2011 identified that Dr Furn-Davies previously supported a proposal for a care village on the application site which would provide 54 extra care bungalows, cottages and apartments and a 48 bed care home. The press release states *'there is a clear need for quality care for older people in the town and that there will be benefits from the care village working with the new surgery and hospital.'* It also identified that the new surgery would allow the capacity to cope with the needs of an extra 2,000 residents. Since the time of that press release there has been no new specialist dementia homes built in the locality and it is therefore difficult to understand how the situation has changed so substantially.

In respect of the current application proposal, the care home is no more than 300m from the local surgery. Each Porthaven care home operates a GP co-ordination system to efficiently manage and optimise their GP visits and this works very well and is certainly not disruptive or detrimental to the practice. It is considered that it is surely more cost effective for a GP to visit a few residents at a time, through carefully organised appointments in a care home, then to travel to several individual house addresses which could be miles apart.

Frail elderly people, as well as those living with dementia, are fully entitled to the services of a GP wherever they may reside. In this regard, considering that many residents of the care home will move from a house locally, the application proposal will not generate a significant additional population. It is the responsibility of the local GP practice to manage its business appropriate to the needs of the local population. We are in changing times and GP practices need to adapt to this like every other business.

It is also important to note that, under an agreement between the BMA and NHS England regarding GP contracts, 2014 has seen every GP become "named clinician" to the frailest of their patients (some of whom may already be in a care home).

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Health Education England has already been asked to recruit an additional 2,000 GP's and increase the proportion of medical students choosing general practice to 50%. GP's receive additional payment for visits, injections and QOF registration of dementia patients, so the application proposal should not be an undue financial burden if managed carefully.

Porthaven's routine practice is for its Operational Management to make early contact with local practitioners once planning permission has been approved and construction is underway. The purpose is to discuss the future relationship and seek out opportunities to save GP's time and surgery space by taking on, for example:

- Step up beds whereby GP's can refer to the care home for relevant patients to have an acute episode e.g. chest/urinary infection treated with antibiotics/fluids. We can also take on step down beds from hospital where we can relieve the pressure on hospitals by taking patients (over 65) for continuing care prior to returning home.
- Re-hydration of de-hydrated patients in the care home.
- PEG (percutaneous endoscopic gastrostomy) feeds i.e. artificial/supplementary feeding regime where, for example, a stroke patient has lost their swallowing reflex.
- Rehabilitation in the care home, following medical assessment, of patients who have had a fall etc.

The fact that we are a care home with nursing means we employ experienced nurse managers and nurses, with potential to relieve impact on community nurses, hospitals and some routine GP procedures (as mentioned earlier). Porthaven can offer GP led beds which eases impact on more costly and increasingly full hospitals and reduces the GP's role to one of monitoring. Currently in our homes, suitably qualified nurses already do venepuncture/sub-cut infusions etc. that avoids patient hospitalisation and frequent visits from GP's.

At our nursing home in Bradford on Avon, Wiltshire, local GP's enthusiastically welcomed the prospect of co-operative initiatives, and a "leg clinic" successfully operated with their input and support; GP patients from the community attended the care home to be treated by the community nurse (as opposed to taking up time and space in the surgery). Such patients mainly suffered with chronic leg ulcers that required a lot of care input over a prolonged period of time. Additionally, some required short periods of care within the nursing home. The surgery has now extended its premises to deal with this in-house.

People living at home with dementia are often misunderstood in the community due to a general lack of understanding of the disease. Porthaven's care homes provide specialist dementia care and, in addition to caring for residents admitted on a long term or respite basis, may also serve as a resource to provide training and support within the community. Certain staff training programmes at our homes are open to residents' families, providing education and information about the behavioural changes and impact of dementia on their lives.

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Loneliness in old age is another common problem for many people and can result in repeated visits to the GP as well as any number of unnecessary house calls. The nursing home can be a resource where people from the community can join in and enjoy company on our special activities days. With good co-ordination, this can save GP's considerable time.

The general improvement of services and care to elderly people requires GP's/Practice teams to work closely with care homes such as ours. They need to have clear lines of accountability and responsibility brought about by regular meetings and seeing the 21st century care home as an important and relevant factor in improving a pathway of care through to end of life.

Unfortunately many GP's miss this opportunity as they view care homes in a negative way (particularly if they have experienced poor co-ordination, unnecessary calls and visits, poorly trained staff and poor quality accommodation). Porthaven is a forward-thinking, professional organisation with purpose-built care homes fit for the 21st century. We anticipate a very positive relationship with GP's and welcome any visits to our existing care homes to see us in action.

Porthaven's proposed nursing home will provide 24-hour care (including respite care) for the frail elderly and those living with dementia. In common with all Porthaven care homes, it has been designed significantly in excess of the National Minimum Standards to provide spacious, well-equipped and comfortable accommodation fit for the 21st century. It will incorporate many features that are unlikely to be available in other local homes, for example:

- 100% spacious single bedroom accommodation each having a full en-suite w.c., wash basin and wetroom shower.
- French doors to many ground floor bedrooms.
- Air-conditioning.
- Fresh-air system to promote a cleaner, healthier environment.
- Sprinkler system in addition to the latest fire regulations
- Dedicated dementia bedrooms with built-in illuminated memory boxes, and dementia-specific design features

Porthaven currently enjoys positive relationships with GP practices in each of its seven existing care homes. We believe that where the relationship is managed effectively between parties, there is no reason for a nursing care home to impose undue difficulties onto a GP Surgery.

Visitors and supporters of our homes include Government Alzheimer's Ambassador Angela Rippon OBE and Prof June Andrews, professor in Dementia Services at the renowned dementia research centre at Stirling University.

Yours sincerely

David Thorne
Development Director

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5 November 2015

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Mr D Thorne
Porthaven
1 High Street
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Dear Mr Thorne

Land adjacent to Fosseyway Garden Centre, Moreton-in-Marsh – 15/03099/FUL

We have been asked to provide our independent opinion on objections raised in respect of the above planning application. Carterwood prepared the needs assessment that accompanied the planning application and as market leaders in the provision of market survey and demographic reports in the sector, are well placed to answer these objections.

The areas we have considered are based upon written correspondence received from the following:

- Email from Mark Branton on 23 October 2015;
- Letter from Mann Cottage Surgery, dated 26 October 2015.

We have attached both at the end of this letter for reference purposes.

There is a little overlap in some cases between the two and we have sought to address the objections/reservations raised in a logical manner and have separated out the issues as follows:

- The size and scale of the proposed 64-bed home;
- Catchment areas and the impact upon local services in tandem with the financial considerations of the local authority;
- Domiciliary care and independent living in the local market and dependency levels in care homes;
- Staffing impacts of the scheme upon the local area.

In addition to the above, since we prepared our needs assessment in March 2015, Gloucestershire County Council (GCC) have prepared a Market Position Statement for the Care of Older People, which we have taken the opportunity to review and comment upon where relevant at the end of this letter.

Background

Carterwood is the only chartered surveying practice dedicated to the care sector and has become the market leader in preparing consultancy advice around the feasibility of new elderly care developments for both the private and voluntary sectors. Examples of private sector clients who have regularly commissioned needs assessments or site feasibility studies include:

- Porthaven Care Homes
- Gracewell Healthcare
- Hallmark Healthcare
- Octopus
- Barchester

- Caring Homes
- Signature Senior Living
- Four Seasons

In addition, examples of not-for-profit providers who we have been commissioned by include:

- Anchor
- The Royal British Legion
- Sanctuary Care
- Order of St Johns Care Trust
- Greensleeves Homes Trust
- Milestones Trust

Carterwood's client base represents the majority of operators currently seeking to develop new care homes aimed at the privately funded care home market in the South of England. Accordingly, we are in an almost unique position in the sector, having assessed over 500 sites over the past 4 years, with the majority located in the South East of England, for a range of different providers, scheme types and care categories.

The size and scale of the proposed 64-bed home.

Of the operators listed above whom we represent, all (without exception) have site requirements that meet the following minimum criteria (note some operators also have certain geographical, care category or other site specific preferences that we have not considered below):

- Site size – 1 to 2 acres developable area;
- Scheme size – 64 beds is typical for the optimum efficient operational model (for some operators this size is too small and several require at least 70 to 90 beds) – only in exceptional circumstances in urban locations where land is at a premium will operators consider less than 60 bedspaces;
- Location – an area/locality to attract predominately the private pay self-funded service user market to ensure a viable on-going business model.

The subject site also benefits from a sufficient size upon which to develop an operationally efficient scheme, and there is no economic justification for developing a smaller scheme than that proposed.

Occasionally, in areas of exceptional wealth, where very high average fee rates can negate the need for scale, operators will consider schemes of below 60 beds. In these instances very high land costs can prohibit operators from being able to source sites of 1–2 acres of developable space, and smaller sites providing smaller homes are necessary.

Economies of scale - operational efficiency

All operators have their own operational models and preferences in respect of staffing levels and approach. As general guidance, staffing levels are based upon the assessed needs of the individual service users at the home. Therefore, there may be a differential in staff numbers required in similar sized homes but that cater for different client groups and levels of dependency.

Operationally, to maximise staffing efficiency for nursing care, each unit/floor within a care home should provide 32 bedspaces per unit, within sub-units of 16 bedspaces. This is an effective ceiling level that minimises the marginal cost of providing nursing staff per floor. Care assistant staff ratios vary more widely depending upon the category of care being provided (personal care, nursing, dementia care, etc.) and also upon the individual assessed needs and dependencies of the service users within any given care home. Dementia care tends to require more staff and hence the ratios can be lower due to the higher levels of dependency of the service users being cared for. However, broadly speaking, care assistant staffing ratios work very efficiently within units of 32 bedspaces.

Economies of scale - financial viability

Financially, new care homes below 60 beds in size are difficult to attract suitable debt-finance from major lenders to the sector and simply do not produce an adequate return on capital, bearing in mind that it can take several years to start showing any kind of operating profit due to high construction costs and the period required to reach mature trade. Other variables will include availability/cost of debt and equity, which will impact on the overall investment and return on capital.

All care homes incur fixed costs of operation, comprising both staff and non-staff costs. The greater the number of beds, the greater the efficiency of the scheme, and the greater the ability to spread the costs. These fixed costs are particularly high in respect of the following:

- Care home management team – very little variation in care home manager and deputy manager hours and wages by size of home;
- Ancillary care staff – domestic, laundry, maintenance and administration functions are required regardless of the size of the scheme;
- Some non-staff costs such as marketing, accountancy and finance/bank charges do not vary by the size of the home – the greater the number of beds the more these costs can be spread and the lower the actual marginal cost per resident;
- Other non-staff costs such as heat and light, food/provisions, etc., also vary according to the size of the home. However, the costs are much greater for the first few beds than the last few beds as there is also a fixed element to the cost regardless of the scheme size.

Schemes of between 60 and 70 bedspaces are typically viewed as the ideal compromise between the institutional, hospital environments in very large homes of 80+ beds, and inefficient schemes of less than 60 bedspaces. Homes larger than 80 beds are relatively rare. However, the overall size of any given development will vary depending on the affluence of the location, land values and construction costs. In a location such as Moreton-in-Marsh we consider that a scheme of 64 bedspaces is ideally suited to its local market, at the lower end of market norms whilst still ensuring a financially viable scheme.

Gloucestershire Care Partnership

Following a competitive tendering process, GCC transferred the operation of its 21 residential care homes to the Orders of St John Care Trust (OSJCT) in 2005, under a 35-year care contract. The resulting agreement formed the Gloucestershire Care Partnership (GCP). The strategic direction and objectives of GCC in this respect are summarised in a report produced in 2007 by Andrew Gibson Consulting, who were engaged by GCC and OSJCT to lead the consultation, an extract of which is as follows:

"In view of the condition and design of existing premises, and their significant deficiencies in relation to modern standards, the overall direction of change proposed is to replace rather than upgrade existing homes. A different, and far wider, range of services must also be provided to meet changing needs and expectations, so the plans involve the provision of fewer, but larger, homes to offer more flexible and appropriate services to meet the anticipated needs. The proposals issued for consultation envisage that 16 of the existing homes will be replaced by 11 new developments. Some will be built on existing sites, whilst others will require new sites to provide sufficient space for the new facilities. The remaining five homes will be considered for redevelopment at a later stage."

As a result of the above strategy GCP is in the process of re-providing a number of facilities across the county. Five of these have been completed to date (and there may be more, which can be clarified at a later date if required), namely:

- Millbrook Lodge, Brockworth – developed in 2005, providing 80 bedspaces;
- Chestnut Lodge, Quedgeley – developed in 2005 and providing 80 bedspaces;
- Jubilee Lodge, Bourton-on-the-Water – developed in 2012 and providing 74 bedspaces;

- Windsor Street, Cheltenham – developed in 2014, providing 81 bedspaces
- Monkscroft, Cheltenham – developed in 2012 and providing 80 bedspaces.

All of the above schemes are substantially larger than the scheme they were replacing. In the cases of Chestnut Lodge and Millbrook Lodge, 29 and 42 residents, respectively, were transferred from the original care homes. Even at 42 bedspaces it was considered that the size of the building was not operationally efficient enough to retain or reconfigure.

It is clear that GCC has actively sanctioned that larger homes (note: all of the above are larger than the subject proposal) generating the required economies of scale are essential to ensuring a viable scheme, which is proven by their redevelopment strategy.

Meeting identified need

In addition to the above, our needs assessment has identified a shortfall of market standard bedspaces, which the proposed 64-bed scheme will help to meet, and the site is adequately sized to provide this optimal number of bedspaces.

Catchment areas, the impact upon local services and the financial considerations of the local authority

Impact upon local surgeries

An area of the scheme will be made available for a visiting practitioner to hold an in-house surgery for the residents. This again may be able to limit the number of visits to GP surgeries significantly and the visiting GP can combine multiple visits into one trip. The presence of on-site care staff also reduces the number of unnecessary trips to GPs, thereby reducing waiting lists rather than increasing them.

The concentration of individuals within one place should also assist in reducing the burden on community nurses, and there are obvious advantages of having residents within one geographic location.

However, notwithstanding the above, the key issue is that the people who will be resident within the home have needs and their needs are not manufactured through the provision of the facility that they require, more that they will finally have a facility locally within which their needs can be met.

Catchment areas

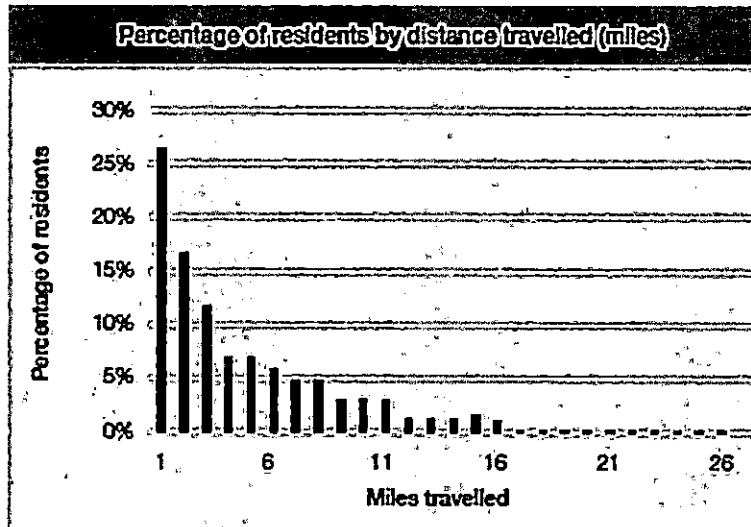
Our catchment area analysis and assumptions have been supported by the email correspondence from GCC as well as our methodology and approach to assessing need, which is not in dispute. Accordingly, there is sufficient local need to justify the facility.

We have undertaken considerable work on catchment area mapping across schemes from all over the country, the results of which will assist when undertaking site specific analysis. Our analysis and determination of the market catchment area is sourced from empirical evidence based upon the following sources:

- National research project for the National Care Forum (NCF), the principal trade association for the voluntary sector. We undertook a project covering over 3,000 individuals across nearly 100 homes throughout the UK.
- Individual home analysis for operators who have commissioned us to undertake catchment analysis. For reasons of confidentiality we cannot name the parties but conservatively this additional data covers several thousand more records of data.

Based upon the results of these sources of data there is one overwhelming, unequivocal driver of the way in which residents occupy places in care establishments, and therefore how catchment areas should be drawn. Local geography is the overwhelming dominant factor.

The following is an extract of our findings from our bulletin prepared for the NCF, which clearly shows the dominance of local geography:



Geographical proximity

- 66.5 per cent of referrals travel 5 miles or less.
- 43 per cent of referrals come from within 2 miles.
- However, there will always be a significant minority of referrals driven by other factors – influence of family and friends in the decision making process, area relocation, specialist service, choice, etc.

Analysis of the local market indicates that there is no nursing home in Moreton-in-Marsh, the nearest facility being over 5 miles away. Consequently, due to the lack of local provision, the local residents have no choice but to travel to outside of their local area for their care home needs – based upon the results of our data that equates to 66.5 per cent of a typical care home's market. Therefore to assert that this will have an impact locally in anything other than a positive manner is empirically incorrect, given the lack of local provision.

Financial considerations

It is inappropriate for financial considerations and viability to be confused during consideration of a planning permission. We set out below an extract from an appeal decision from Cheshire East planning authority (reference: APP/R0660/A/12/2188195) in respect of a care village scheme in Handforth. Paragraph 62 of the appeal decision (for which planning permission was granted) is as follows:

"The Council has suggested that, due to a lack of need, new residents from outside Cheshire East could have to enter the home to ensure its viability. They would then represent a risk that the Council could be responsible for their future care. The financial concerns of the Council are however not material considerations in this case, as has been found on many other occasions including in the Health and Safety Executive v Wolverhampton City Council & Victoria Hall Ltd [2012] UKSC 34 case. This is the situation notwithstanding an annual increase in those needing Council support in care homes and the Council's 2011/12 expenditure of some £2.2m of support to those unable to afford fees previously met privately"

The above is clear that these types of issues are not considerations that should be material in the planning decision-making process and should therefore be disregarded.

Domiciliary care and independent living in the local market and dependency levels in care homes

Domiciliary care as an alternative to the subject scheme

National policy is seeking for people to remain in their own homes for longer, with any care to be provided by an external domiciliary care company. This outcome has two specific advantages; firstly, a positive outcome for the resident, who can remain in their own home and receive care; secondly, reduced spending for any local authority supported placements, as, on average, domiciliary care costs less than residential care.

However, whilst care at home as a policy should be supported as an objective wherever possible, it is economically unviable for the provision of 24-hour nursing care, where the marginal costs of nursing support necessitate a residential environment.

For dementia sufferers, specialist accommodation is also required to cater for this service user group's specialist needs. Where informal care by family or friends is not on hand, or where the demands of the individual become too great, moderate and severe dementia sufferers more often than not require care in a residential setting, where 24-hour care and support is on hand in a safe and secure environment.

Extra care/independent living as an alternative to the subject scheme

As part of recognising these shortcomings and limitations for high dependency residents, many local authorities seek to support the development of extra care facilities that provide the residents "with their own front door" whilst providing 24-hour on-site security and support. The concept is also being viewed more positively by the private sector, with the development of a range of older people's housing alternatives; although since the economic downturn in 2008 significant new developments generally over the past 5 years have been limited.

The supply of extra care accommodation should be expanded to enable many elderly people to continue to live rewarding and independent lives for longer. This is not in dispute.

However, simply increasing extra care provision is not a panacea for the accommodation needs of all elderly people. Given the forecast demographic changes, which will increase the number of very elderly people, and the prevalence rates of dementia, it is clear that a large number of elderly people will not be able to live rewarding and independent lives in extra care housing and will need 24-hour care home accommodation for the same reasons as identified in above.

There are also a number of older people's housing schemes in the development pipeline including a new care village in Stow-on-the-Wold and a new development in Chipping Norton, which is in the process of being developed, providing specialist housing to older people by Beechcroft. However, it is important to note that many of these schemes are aimed at the lower end of the acuity spectrum as it is difficult, if not impossible, for prospective purchasers of extra care to try and sell their own home at the point in which they become frail enough to be considered for entry into a high dependency long term care establishment providing nursing or nursing dementia care.

Dependency levels and lengths of stay continue to rise and fall, respectively, within the residential care sector. The subject development is proposing to meet the highest level, of acuity, for older people where 'choice' is replaced with a 'needs-based' decision for themselves or their family/friends/key decision-maker.

Staffing impacts of the scheme upon the local area.

Staffing and recruitment of high quality staff is a national problem, which has been well documented in the national press. The challenges of staffing are of course an important operational concern (not least for Porthaven themselves who will need to operate this home on a commercial basis but nonetheless have taken the decision to develop this home); however the influence of the local labour market falls outside any assessment of need. We have also discussed the benefits of having more people to look after in one location – as this enables more efficient use of staff – this is the *raison d'être* of residential care established when residents' acuity and dependency levels are high. The national policy direction towards promoting care into one's home wasn't promoted on the basis that it would make staffing easier – more that (where appropriate) people would choose to live independently. Where they cannot and their needs progress to a point where residential care is required, it remains a duty to ensure that the best facilities are available – arguably where they are needed most, when people are at their most vulnerable at the end of life. To suggest that this much needed facility will take away staff from the domiciliary care sector is therefore at best misguided and at worst prejudiced to the needs of the frailest members of the local community.

There will continue to be a shortage of qualified nursing staff; however this is a national issue and one that should not dictate local planning policy on the requirement for much needed new care home bedspaces.

Market Position Statement for Care of Older People

We have reviewed this document, which was issued after submission of our own original needs assessment accompanying the application. A copy is attached to this letter.

The purpose of the Market Position Statement is defined as follows:

Gloucestershire County Council wishes to stimulate a diverse market for care and support offering people a real choice of services and skills. This may come from existing providers, from those who do not currently work in the county or from new start-ups.

This Market Position Statement (MPS) is designed to contain information and analysis of benefit to providers of older people's care and support services in Gloucestershire.

It is intended to help identify what the future demand for care might look like and to act as a starting point for discussions between the local authority and those who provide services.

In general terms, the document explains that due to a huge increase in the elderly demographic (particularly the over 85s who are the frailest and most dependent) there needs to be a change in commissioning procedures away from residential care to other forms of community-based care solutions. This general tone follows national government guidance and is in common with many other MPSs that we have reviewed.

The document does not, however, consider a number of key factors, including obsolescence of the current stock of care homes, nor the on-going suitability of existing residents whose dependency levels are much more advanced and their suitability within these establishments (which were developed and initially registered with a very different client group in mind). This notwithstanding, the MPS identifies that there are waiting lists and a shortage of high quality nursing dementia places in the county, whilst also identifying a move away from lower dependency personal care, which mirrors our own evidence and analysis.

Gloucestershire County Council are under extreme financial pressure, following many years of austerity, and whilst on average community-based support is significantly cheaper than residential care, there is a raft of evidence available indicating that at the highest levels of acuity community-based care is significantly more expensive than residential care, where the costs of costly qualified staff cannot be shared, making it less efficient and not cost effective.

The MPS indicates that levels of care and support and demand for services will continue to rise but they will not be able to match the public spending in the short term.

We have repeated below, verbatim, the section on residential and nursing care (as the most directly relevant to the issues in this instance) from the document from page 13:

In line with the expansion of the community based services and changing public expectations we wish to eliminate or delay the need for many individuals with low-level care needs to be placed in care homes. Those for whom a care home placement is appropriate will have much more complex and specialist needs.

The Council has used demographic data to model how demand for nursing and residential care is expected to change over time in Gloucestershire and overlaid this with what the Council and the NHC Clinical Commissioning Group are doing to manage demand. The net impact on the volume and profile of demand can be summarised as follows:

Clear Type	5 year intention	Net impact
Older People Residential	To bring demand downwards.	↓
Older People Dementia	To stabilise demand in that interventions will offset the impact of demography.	↔
Nursing	To stabilise in that interventions will offset the impact of demography.	↔
Nursing dementia	The interventions will reduce demand but at the same time we know we start from a shortage of supply. The intention is to bring demand downwards.	↑

This section of the document clearly states that there needs to be a “positive net impact of nursing dementia beds” and that the Council have a shortage of supply.

Notwithstanding our previous comments over obsolescence in the sector and inappropriate placements of individuals in care homes not fit to meet their needs, it is difficult to see how the above cannot be applied directly to the subject site. It will be seeking to meet the needs of a high dependency client group and providing nursing dementia care within a catchment where there are no existing nursing dementia homes. Moreton-in-Marsh is a major population centre of the North Cotswolds and is not located in an unsustainable rural location – but on the edge of the town and accessible to the rural areas whilst still being a relatively sizable settlement.

In our opinion the subject scheme meets the requirements of the Council's own Market Position Statement unequivocally, and it is difficult to see how any objection can be applied on this basis. If the subject site does not meet the criteria for the MPS then no other site in the North Cotswolds can meet this criteria and therefore the MPS should be disregarded entirely as an evidence base – where presumably any concerns regarding staffing and impact upon local communities, etc. have already been well considered and factored into the decision-making process during its drafting prior to issue to the market.

In conclusion, there is no planning argument to oppose the development on the grounds of need. Any financial or labour market issues that may, or may not, be applicable fall outside of the remit of the assessment of need, and the proposal appears fully to accord with the Council's own recently prepared Market Position Statement.

I trust that the above is suitable for your purposes but if you require anything further please don't hesitate to contact me.

Yours sincerely

A rectangular box with a thin black border, used to redact the signature of Ben Hartley.

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22 January 2016

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Dear Mr Thorne

Land adjacent to Fosseyway Garden Centre, Moreton-in-Marsh – 15/03099/FUL

We have been asked to provide our independent opinion on objections raised in respect of the above planning application following our initial letter dated 5 November 2015.

Carterwood prepared the needs assessment that accompanied the planning application and, as market leaders in the provision of market survey and demographic reports in the sector, are well placed to answer these objections.

The areas we have considered are based upon written correspondence received from the following:

- Email from Mark Branton on 17 November 2015 in response to Carterwood rebuttal letter 5 November 2015
- Third party objection (reference 9) on lack of demand for facilities in the area.

We have attached all of the above correspondence at the end of this letter for reference purposes.

A number of these objections overlap from our initial letter and we have provided further commentary or have made reference, where appropriate, to where these issues have already been covered. We have answered each issue / party in turn within the following sections.

Email from Mark Branton (17 November 2015)

In general terms, the email is supportive and acknowledges that there is a need in the area and states that the positives of the application are the main element of his response. There is confirmation that GCC's Market Position Statement supports development of this nature to meet the needs of the high dependency elderly client group.

The reservations expressed relate to the size of the development (i.e. 64 bedspaces) and the potential impact that such a scheme could have on the local area in terms of resources. He also references that other care homes that were supported by the Council were in higher population areas and replaced existing care homes and therefore did not create "short term pressures or staffing issues".

I have answered these observations in turn as follows:

Size of the development

I have discussed at length the requirement for new build care homes to be at least 60 bedspaces in size in order to remain operationally and financially viable i.e. sustainable.

I have demonstrated an existing need in the town and catchment area of Moreton itself based upon a robust market catchment area, which Mr Branton in previous correspondence considered appropriate for the site.

Impact upon local services

The only concern appears to relate to an objection based upon the ability of the local resources to respond to the growing demand for older people's care homes. This is not therefore an issue relating to need (which has been accepted) – but an issue relating to the suitability of the current local authority infrastructure to deal with the growing elderly population and associated need. I refer to my previous correspondence and have replicated this again below for ease of reference, such is its importance in this case:

"It is inappropriate for financial considerations and viability to be confused during consideration of a planning permission. We set out below an extract from an appeal decision from Cheshire East planning authority (reference: APP/R0660/A/12/2188195) in respect of a care village scheme in Handforth. Paragraph 62 of the appeal decision (for which planning permission was granted) is as follows:

"The Council has suggested that, due to a lack of need, new residents from outside Cheshire East could have to enter the home to ensure its viability. They would then represent a risk that the Council could be responsible for their future care. The financial concerns of the Council are however not material considerations in this case, as has been found on many other occasions including in the Health and Safety Executive v Wolverhampton City Council & Victoria Hall Ltd [2012] UKSC 34 case. This is the situation notwithstanding an annual increase in those needing Council support in care homes and the Council's 2011/12 expenditure of some £2.2m of support to those unable to afford fees previously met privately"

The above is clear that these types of issues are not considerations that should be material in the planning decision-making process and should therefore be disregarded."

It is also completely inappropriate to restrict development to only those sites where there is an existing care home on the site. There is no planning or other policy stipulation that restricts an open, free market to this onerous level that we are aware of and this is not practicable or enforceable. It is inappropriate to suggest that only owners of existing care homes can be the source of new entrants to the care home market – as this limits necessary competition and new entrants and stifles advancement. Further, the Market Position Statement (which is prepared to try and assist the market in making decisions) makes no mention of any requirement in this respect. The redevelopments cited in the original rebuttal letter relate to the minimum size of new build care homes not demand and supply, as these care homes fall outside of the market catchment area of the subject scheme and should be treated on their own merits, having regard to their own demand and supply assessment in the locality.

Appropriateness of Moreton-in-Marsh as a location

The email also refers to schemes that the Council has supported in "higher population areas". We have set out below the list of settlements in the Cotswolds district of Gloucestershire by numbers of total population and by elderly population, over 65 years, based upon Census 2011 population data:

Cotswolds district towns by size of total population	
Built-up area	Settlement population
Cirencester	17153 / 19076
Tetbury	5472
Moreton-in-Marsh	3493
Bourton-on-the-Water	3296
Fairford	3236
South Cerney	2632 / 3464
Lechlade-on-Thames	2507 / 2850
Chipping Campden	2288
Stow-on-the-Wold	2042
Northleach	1854
Mickleton	1676
Blockley	1104 / 2041
Draycott	1057
Avening	1031
Kemble	779 / 1036

Source: Census 2011

Notes: The urban area differs in some settlements due to the calculation of settlement boundary and we have included both for completeness where appropriate in the table.

Moreton-in-Marsh is the third largest settlement in the Cotswolds and a major population centre, given the rural nature of the district. We struggle to see how any town in this part of the Cotswolds (which covers a substantial geographic area) would therefore be any more suited than Moreton-in-Marsh to provide a high quality nursing facility, other than Cirencester and Tetbury, which are a significant distance from Moreton and fall well outside any market catchment. We would also reiterate comments that there is currently no nursing home in the town, with the nearest nursing facility located over 5 miles from the subject site in a different settlement, which will also have its own local population base from which to draw referrals. We have provided empirical evidence of the preference for local people to reside in homes within their own immediate geography, and at the moment there is no ability for local Moreton residents to be able to choose to do this. Given that choice is such an important component of GCC's commissioning priorities, the reluctance to support a much needed facility is hard to reconcile in the town. As Moreton is the third largest settlement in the Cotswold, we consider that it is an ideal location within which to meet an acknowledged need and meet the requirements as set out in the GCC Market Position Statement.

Current and future need

It is also important to point out that our quantitative analysis reflects the current need for care home bed provision. The projected upward trends (both nationally and locally) in elderly population, and particularly the very aged, over 85 years, are well documented. Therefore, given the very strong relationship between the requirement of a care home bedspace and aging it is only logical that this need is likely to rise over time as the number of over 85s, in particular, increases markedly over the coming decades.

Our needs analysis only illustrates the current picture as at 2017 population levels (the earliest possible year that the home could open) to ensure a robust case and without trying to foresee any changes in market conditions/trends, regulatory and financial policy, etc. all of which may impact upon demand in the future.

Nonetheless in its simplest terms, there is likely to be a greater short- to medium-term requirement for care home bedspaces as the number of older people increases – as the email states “despite all of the successful measures to enable people to live independently there is a growing cohort of people needing higher end care”. The projected rise in the elderly population over the coming decades is shown below:

Projected population by age – Cotswolds district area				
Age band	2017	2020	2025	2030
Total	22,300	23,600	26,100	29,300
> 65 to 74 years	11,800	12,000	11,900	13,200
> 75 to 84 years	7,100	7,900	9,800	10,500
> 85+ years	3,400	3,700	4,400	5,600

Source: Census 2011 and Government population projections

Figures rounded to nearest hundred in table.

Projected population by age – market catchment area				
Age band	2017	2020	2025	2030
Total	13,200	14,000	15,500	17,400
> 65 to 74 years	6,900	7,000	7,000	7,700
> 75 to 84 years	4,200	4,700	5,800	6,200
> 85+ years	2,000	2,300	2,700	3,400

Source: Census 2011 and Government population projections

Figures rounded to nearest hundred in table.

With all other things remaining equal, the growth in demand for residential care in the market and local authority catchment area based upon this projected population increase between 2017 and 2030 is c.55 per cent above current levels.

Whilst it is impossible to accurately predict the market conditions, policy direction, etc. and therefore the actual future demand for care home beds over the coming decades, the above indicates the scale of population growth, which should be taken into account when considering need for the proposal.

It appears that despite this acknowledged growing current and future demand there is a short term-ist attitude towards development of facilities to cater for this need due to reasons that fall outside of any assessment of demand for services. We consider that this is most likely due to the challenging financial and fiscal environment of the local authority following a sustained period of austerity measures, which whilst unfortunate for local government departments who are clearly over-stretched, has nothing to do with need and demand for services in the area, which is the only relevant issue at hand when considering the current application on planning grounds.

Third party objection – “There is no proven demand for such development in the town which already has a number of retirement schemes many of which have vacancies and therefore supporting insufficient demand”

This objector appears to have confused traditional care home provision with older people’s retirement housing. There is only one care home in the town itself, providing a small personal care facility with no nursing care registration.

There are a number of older people's housing developments, but these cater to a very different elderly client group where the care needs will be non-existent or minimal as there is no on-site care and support available within these schemes, only a part time warden.

The subject scheme will be catering to a high dependency client group in a registered care setting and therefore comparison with older people's housing is inappropriate. Older people's sheltered housing and where it fits on the dependency / care spectrum is set out in Table T6, on page 14 of our needs assessment.

Conclusion

In conclusion, there is no argument to oppose the development on the grounds of need. Any financial or labour market issues that may, or may not, be applicable fall outside of the remit of the assessment of need, and the proposal appears fully to accord with the Council's own recently prepared Market Position Statement.

I trust that the above is suitable for your purposes but if you require anything further please don't hesitate to contact me.

Yours sincerely

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DLA/1632/LR/RPT04 – 25th January 2016

This response has been prepared by Davies Landscape Architects on behalf of Porthaven Care Home to address issues raised within the landscape consultation comments relating to the proposed Care Home at Fosseyway, Moreton-in-Marsh Planning Application 15/03099/FUL (Amended). DLA produced the following documents which should be read in conjunction with the application:

- DLA/1632/LVA/RPT/01/Rev A – Landscape and Visual Appraisal
- DLA/1632/PM /RPT/02/Rev A – Photomontages
- DLA/1632/AP/RPT/03 – Additional Photographs

The issues raised within the landscape comments relate specifically to:

- Scale of development;
- Sensitivity of the site;
- Impacts upon the AONB; and
- Winter views.

Background to development form

The building has been designed to provide the most efficient layout in terms of sustainability, functionality and feasibility, allowing the highest quality care for its patients. Therefore there is little scope to reduce the overall heights and dimensions of the building.

The building has been designed to provide a transition both in height, scale, architecture and materials between the adjoining larger scale hospital building and the smaller scale garden centre (north and south boundaries respectively). The building was designed to form a landmark building of exceptional architectural quality that responds to the adjacent vernacular and incorporates elements of the Cotswold character.

The ridgelines of the three roofs lie below the height of the main hospital building and are interlinked by lower sections which are comparable to the garden centre height (see CLA dwg.14-137-154). In the context of its receiving landscape it is not considered out of scale and as described within the LVA and subsequent CDC landscape response the proposed building will give the appearance of large 'Dutch barns'.

In order to reduce the perceived massing of the building the Cotswold stone work has been broken up with windows and timber panels, thus avoiding the effect of continuous vast walls of stone as seen on the hospital.

Within the amended site boundary the building only accounts for 20% of the application area with 60% of the site landscape. In terms of footprint this represents a generous landscaped setting.

The proposed landscape is considered to provide a significant setting and framework to the buildings and to help assimilate it into its immediate context. The tree planting and shrub species have been specifically chosen to reflect the planting around the hospital building in order to provide continuity and coherence. Whilst significant areas of landscaping are proposed to mitigate the impact of the buildings it has also been designed to provide a safe, suitable and valuable resource for the residents.

The site lies within an Area of Outstanding Natural Beauty (AONB); however this does not automatically guarantee that all landscape within the designation is of a high quality, condition or value. It is important to understand the significant influence of the existing built form on this site and how this influences the perceived quality and condition.

Scale of Development

The receiving landscape is considered capable of accommodating moderate/large scale buildings as it forms an infill site between the large scale hospital building and moderate scale garden centre.

The original landscape comments received 20th September 2015 identified concerns about the size of the building in relation to its plot size including the amount of land available to provide a comprehensive mitigation planting scheme. Following positive on-going dialogue with the CDC landscape consultant the layout was subsequently amended to incorporate the following:

- Extend the western boundary to form a continuous copse along the proposed care home and hospital boundary (increasing the site boundary 18m west);
- Building position moved to provide a wider gap between the front elevation and the eastern boundary to provide more tree planting;
- An increased landscape buffer between the building and the western boundary including tree planting on low mounding;
- Landscape around the site increased by 0.14ha; and
- Significant increase in tree planting to the west and eastern boundaries.

Following this amendment CDC's landscape consultant has acknowledged that the additional mitigation would *'to some extent be successful'*.

Sensitivity of the site

A number of documents have been produced (summarised in Table 1 below) by the Council which vary according to whether it is being assessed for residential (High/Moderate sensitivity) or economic development (Moderate sensitivity). The site is not considered suitable for residential development.

DLA/1632/LR/RPT04 – 25th January 2016

Table 1 - Summary of CDC Sensitivity Documents

Document	Date	Purpose	Allocation	Sensitivity	Summary from document
Strategic Housing Land Availability Assessment And Strategic Economic Land Availability Assessment	May 2014	To identify sites in accordance with NPPF	MOR_E9A – Site identified as Potential Economic Development Site	Not assessed	Identified as a Green field site, which is suitable, achievable and available for commercial development Sensitive site that extends Moreton in a ribbon to south and is within the AONB. (Note – proposed site pulled back from A429)
Study Of Land Surrounding Key Settlements In Cotswold District	Update October 2014	Update Of 2000 Assessment Focussing on the strategic housing land availability assessment (SHLAA)	MOR_E9A	Medium	The site is susceptible to development for economic development in respect of it being open to views from the A429 and clearly reinforcing the extension of the settlement southwards, whereas the garden centre has the appearance of an agricultural building complex and so fits in reasonably well into the countryside. The site lies within the AONB which includes the countryside to the south and west. However, development here may be hard to resist as it lies between other developments. It would be important for any development to respond in a similar low key way as the garden centre although possibly with increased coherence, and act as a positive gateway development to the settlement and address the Fosse Way and countryside to the east carefully with significant tree planting to help integrate it. (see note below)
Study Of Land Surrounding Key Settlements In Cotswold District	Update Nov 2015	Annex of a study of deliverable sites dated May 2014	M_G1 – Housing Sites, Constraints and Designations – proposed housing for elderly	High/Medium	The site is susceptible to development for housing in respect of it being open to views within the AONB from the west including a footpath. Though set back from the A429 it clearly marks an extension of the residential settlement southwards contrasting with the uses either side. The garden centre has the appearance of an agricultural building complex and so fits in reasonably well into the countryside. The hospital has potential for significant screening as a building surrounded by grounds. This site is isolated from other residential development and lies in open countryside. Overall, it appears to be <u>unsuitable for housing</u> .

The LVA has also provided the opportunity to undertake a sensitivity assessment of the site in accordance with the approved methodology set out within the Guidelines 'Guidelines for Landscape and Visual Impact Assessment' - Landscape Institute & the Institute of Environmental Management and Assessment, 2013 (Third edition), 'Landscape Character Assessment Guidance', (2002), Countryside Agency in conjunction with Scottish Natural and 'An Approach to Landscape Character Assessment' - Natural England October 2014.

The GLVIA outlines the assessment of sensitivity to be the 'combining of judgement of the susceptibility to the type of change or development proposed and values attached to the landscape'¹.

¹ Pg 88 Sensitivity of Landscape Receptors 'Guidelines for Landscape and Visual Impact Assessment' Third edition.

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To identify the sensitivity and baseline from which to assess impacts a pragmatic approach has been applied that identifies the sites contribution to the 'special qualities' of the AONB and how the baseline experiences of the site and its immediate surroundings relate to the expectations of receptors of visitors to the Cotswold AONB. Our assessment of the moderate sensitivity has been based on the following, summarised from the LVA:

- The site and its immediate surroundings do not contain any of the identified features or perceptual 'special qualities' identified within the AONB² or landscape character assessments;
- Bordered to the north and south by development, the A429 runs to the east;
- Where views are available they are heavily influenced by the existing medium/large scale urban development immediately north and south of the site (hospital and garden centre);
- Limited opportunities for views or experiences of the site, in particular from the elevated ridgeline to the west (see DLA/1632/AP/RPT/03); and
- With the exception of the AONB status the site is considered to have an overall Moderate value.

Table 2 - Value Summary

Consideration	Importance	Value
Designations	National	High
Quality and Condition	Local	Low-Moderate
Scenic Value	Local	Moderate
Tranquillity	Local	Moderate
Historic or Cultural Associations	None	Negligible
Recreational Use (not within site – Monarch's Way 200m west)	Regional	Moderate

This accords with the Councils evaluation for land identified for potential economic development.

The landscape upon which the site has the potential to notably influence character, experience and views (see Views from the AONB below) is restricted to the Monarch's Way immediately west and the A429. Within the localised views (Monarch's Way and A429) these experiences of the site will be restricted to a minor section of the overall 'journey'.

The experiences at these locations are already influenced by the hospital and to a lesser extent the garden centre. There is some planting mitigation in place around the hospital however the boundaries to the garden centre are open affording open views towards the car park, storage and retail areas which negate the built 'agricultural' character and influence the immediate character and views. These buildings form the transition between the rural landscape and the settlement boundary and the available views are not considered typical of the quality or perceived experiences of open countryside or typically rural view experienced along the rest of the path or approach to Moreton.

It is considered that the landscape in which the site has influence upon is not representative or comparative in experience, quality or value of the surrounding AONB. The proposed building will be set within an infill area between two large/moderate scale developments, wholly in keeping with the neighbouring boundaries. Potential cumulative impacts will reduce as the hospital and proposed boundary planting matures.

² As defined in the Landscape theme of the Cotswolds AONB Management Plan 2008-13

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The sensitivity of the site has been therefore been assessed as Moderate.

There are no objections from the Biodiversity or Tree Officer.

Impacts upon the AONB

The CDC response is incorrect in its assertion that there will be significant views from the elevated AONB between Longborough and Bourton on the Hill.

The visual appraisal (supplemented with further photographs³ in DLA/1632/AP/RPT/03) demonstrates that with the exception of a limited section of the Monarch's Way and the A429 immediately west and east of the site respectively, the proposed development will not form a notable new feature within the available panoramas as suggested within the landscape response.

The photographs show that within the elevated views from the AONB to the south and west, including The Heart of England Way, the site forms a negligible/minor component of 180° panoramic views and does not detract from the overall experience or expectations of the receptor, in particular when looking over the attractive rural landscapes to the east which form the majority of the view.

When looking specifically towards Moreton-in-Marsh the hospital and garden centre can be identified however they are viewed against an urban backdrop and appear part of the urban framework. It is considered that the development can be assimilated into this framework without becoming a notable new element or detracting from the current quality of the available views.

We stand by the view that the proposed building will have Minor/Negligible impact on the available panoramas.

Monarch's Way

Within the limited close open views from Monarch's Way the proposed site will form an easily recognisable new feature and is considered to have a Moderate adverse magnitude. This view is significantly reduced in quality and experience from the remainder of the trail by the existing large/moderate scale development framing the site. This impact is limited to a 450m section of the footpath before it enters the town and is not representative of the high quality and attractive views experienced from the AONB and majority of the National Trail.

The maturing of the planting around both the hospital and proposed building will provide a reduction in the impact, and benefit to the current view. The effectiveness of the planting will reduce within the winter months however will still provide some filtering of the built form.

A429

The building is set back from the road and is only experienced when adjacent to the site. The views are currently framed by the garden centre entrance and hospital. There will be the loss of the limited transient view currently framed by the large/moderate scale development towards the AONB resulting in a major/moderate adverse impact to a 280m section of the road – this will reduce to 200m once the planting along the hospital frontage matures.

³ The additional photographs have been set up to show a 70° field of view (best representation of the single view experienced – need to be viewed at A3 and at a comfortable arms distance), a panoramic view to show how the site lies within the available view and a zoomed in version to help identify the visible built form and site location.

The proposed building is not considered to significantly detract from the experience of car users approaching the town from the south via the open rural countryside. Views towards the site from these locations will be screened by the garden centre with the hospital forming the backdrop.

Summary:

- The High/Moderate sensitivity of the site referred to within the CDC response is incorrect. This sensitivity relates to a housing allocation and not the economic allocation referred to within Strategic Housing Land Availability Assessment and Strategic Economic Land Availability Assessment 2014 and the updated Study Of Land Surrounding Key Settlements In Cotswold District (2014) in which the site is assessed as Moderate. This has been confirmed by detailed assessment carried out as part of the LVA.
- The receiving landscape is considered capable of accommodating moderate/large scale buildings as it forms an infill site between the large scale hospital building and moderate scale garden centre. The building represents a transition in terms of scale, height, materials and architectural form between the garden centre and hospital.
- Within the amended site boundary the building only accounts for 20% of the application area with 60% of the site landscape. In terms of footprint this represents a generous landscaped setting.
- The extent of views and influence of the proposed built form upon the receptors experienced of the AONB has been overstated within the CDC landscape response. Additional photographs have been submitted to further illustrate this. Impacts are restricted to Minor/Negligible.
- The CDC landscape response is incorrect in describing the site as a prominent and exposed farmland within the AONB. Significant views and experiences are restricted to the limited section of The Monarch's Way already influenced by the hospital and garden centre and the urban boundary of Moreton-in-Marsh; and
- The site does not contain or contribute to any of the 'special qualities' of the AONB⁴ and is not representative of the attractive open countryside and rural outlook of the AONB to the west;
- The site will increase the biodiversity, quantity and quality of landscape features and their connectivity.

⁴ As defined in the Landscape theme of the Cotswolds AONB Management Plan 2008-13